

Clinical studies on depression do not address relevant questions: a local basis exploration to guide research and funding in Chile.

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Background

- Depression has the third highest burden of disease in Chile, whose coverage is guaranteed by the national healthcare system. Therefore, it is necessary to plan and coordinate local research to improve both clinical practice and clinical outcomes. However, there is no local diagnosis on whether Chilean clinical research explores relevant interventions and outcomes.

Objectives

- To characterise and map local clinical research on adult depression for identifying evidence gaps on interventions aiming to improve relevant outcomes.

Methods

- We conducted a scoping review with a gap map of the Chilean evidence on interventions for depression between 2000 and 2021. An evidence matrix was developed involving:

(1) relevant interventions considered by local CPGs, the national regulatory agency, and systematic reviews conducted by the Cochrane Common Mental Disorders Group local included studies, and (2) the outcomes analysed by local clinical practice guidelines (CPG), and a core outcome set (COS) included by the COMET (Core Outcome Measures in Effectiveness Trials) initiative.

- The matrix was populated with the identified local studies, yet also with systematic reviews conducted worldwide that have performed GRADE certainty of evidence assessment. This, to map the existence of either true evidence gaps (TEG) or false evidence gaps (FEG) (as detailed in **Table 1**).

Table 1. Possible scenarios within the global evidence map

	Low or very low certainty (or no evidence)	Moderate or high certainty
No local evidence available	True evidence gap (TEG)	False evidence map (FEM)
Local evidence available	Adequate research (AR)	Redundant research (RR): if local evidence was published after the SR Adequate research (AR): if local evidence was published before the SR

Results

- To date, 7,937 studies have been preliminarily analysed, of which 69 are about depression in adults. We **included 20 studies** assessing some of the identified interventions: psychotherapy (n=3), counselling (n=3), complementary therapies (n=3), pharmacological interventions (n=5), and psychotherapy plus antidepressants (n=2), other non-relevant interventions (n=4). The main local evidence gaps are circumscribed to recurrence of depressive episodes, suicide, suicidal ideation and behaviour, and work productivity (**Figure 1**).
- Then, we identified 85 different comparisons addressed by the included studies in relation to 13 selected outcomes (prioritised by local CPGs and a COS) and other non-relevant outcomes. Within the nodes of the gap map, we found **1005 (90.95%) true evidence gaps**, 68 (6.15%) false evidence gaps, and 32 (2.89%) adequate research. No redundant research was detected (**Figure 2**).

Figure 1. Local gap map



Figure 2. Global gap map



Conclusions

- There is a notorious misalignment between the scope of the local research on interventions for depression, and relevant needed topics. Mapping evidence gaps allows to guide future research and to adequately allocate research funding.