Table 3. Prevention incidence of depressive disorders

AUTOR, YEAR	POPULATION (number and setting)	ASSESSMENT	TYPE OF STUDY	COMPARATOR	OUTCOME	SECOND OUTCOME	MAIN FINDINGS
Allida et. al., 2020	19 RCT (n=1771) post-stroke patients without diagnosis of depressive disorder	1. Pharmacological interventions (antidepressants) 2. Psychological interventions: Problem solving therapy (2); CBT (1); solution-focused therapy(1); home therapy (1); motivational interview(2) 3. Non-invasive brain stimulation	Systematic review with meta-analysis	1.placebo 2. usual care 3. simulated stimulation or usual care	Prevention of depression in post-stroke patients DSM IIIR/ DSM IV/ DSM 5	Improvement of depressive symptoms (Hamilton, MADRS, GDS)	There is very low quality evidence from eight trials (9 interventions) that pharmacologic interventions decrease the number of people who meet study criteria for depression (RR=0.50, 95% CI 0.37 to 0.68; 734 participants) compared to placebo). There is very low-quality evidence from two studies that psychological interventions reduce the proportion of people meeting study criteria for depression (RR=0.68, 95% CI 0.49 to 0.94, 607 participants) compared with usual care and/or attention control. Non-invasive brain stimulation studies not found.
Cuijpers et. al., 2021	50 RCTs (4665 Participants) in risk groups without a diagnosis of depression	Psychological interventions (CBT, IPT, escalated care, problem-solving therapy, and others)	Systematic review with meta-analysis	Usual care	Prevention of depression (diagnostic interview)	N/A	One year after the preventive interventions, the relative risk of developing a depressive disorder was RR = 0.81

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							(95% CI: 0.72–0.91), indicating that those who received the intervention were 19% less likely to develop a depressive disorder. - does not specify which diagnostic criteria are indicated in the interview
Dennis et. al. 2013	28 RCT, (n=14727) Pregnant or postpartum women (less than 6 months postpartum) with or without risk of developing postpartum depression	Psychosocial and psychological interventions	Systematic review with meta-analysis	Usual postpartum	Prevention of postpartum depression (Edinburgh Postnatal Depression Scale (EPDS)	- morbidity maternal mortality. -maternal-intantil attachment -Anxiety -maternal stress	Women who received a psychosocial or psychological intervention were significantly less likely to develop postpartum depression compared to those who received standard care (mean RR 0.78, 95% confidence interval (CI) 0.66 to 0.93 ; The combined results showed that the differences between the groups were not statistically significant. Interventions: (1) the provision of intensive, individualized postpartum home visits provided by public health nurses or midwives (RR=0.56, 95% CI 0.43 to 0.73; two trials, 1262 women);

							(2) lay-based (pair) telephone support (RR 0.54, 95% CI 0.38 to 0.77; one study, 612 women); It is (3) Interpersonal psychotherapy (standardized mean difference -0.27, 95% CI -0.52 to -0.01; five trials, 366 women). Professional and lay interventions were both effective in reducing the risk of developing depressive symptoms. Interventions initiated in the postpartum period also significantly reduced the risk of developing depressive symptoms (RR=0.73, 95% CI 0.59 to 0.90; 12 trials, 12,786 women). Identifying 'at-risk' mothers helped prevent postpartum depression (RR= 0.66, 95% CI 0.50 to 0.88; eight trials, 1853 women).
Havinga et. al. 2021	22 RCTs (n=1258 children and youth) (6 to 25 years old)	Prevention programs (psychoeducation, cognitive-behavioral	Systematic review with	Usual treatment	Prevention of depressive	Improvement of depressive	A significant risk difference was found in favor of prevention

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	with parents with mood or anxiety disorders	therapy and family processes. of depressive and anxiety disorders in children of parents with these disorders)	meta-analysis		and anxiety disorders (criteria of DSM IV)	or anxious symptoms	programs on the risk of developing a depressive/anxiety disorder in offspring in: a) short term (9-18 months of; RR = 0.37, 95% CI [0.21; 0.66]) b) Long-term (24 months or more of follow-up; RR = 0.71, 95% CI [0.57; 0.87]
Hetrick et. al., 2016.	83 RCT (n=11913) Children and adolescents (5 to 19 years old), with no previous diagnosis of depression	Psychological interventions (CBT, IPT, third wave CBT)	Systematic review with meta-analysis	Multiple	Prevention of depression (DSM IV, DSM IV-TR; ICD 10)	Reduction of post-interventio ndepressive symptoms (1.CDRS 2. (HAM-D 3.MADRS 4. K-SADS 5. BID	The risk of having a diagnosis of depression at 12 months (32 trials, n=5965) was reduced for participants who received an intervention compared to those who received no intervention (risk difference – RD=-0.03, 95% CI= -0.05 to -0.01; P value = 0.01). Moderate evidence (GRADE). For tests implemented in cognitive, there was no effect for diagnosing depression (RD=-0.01, 95% CI -0.03 to 0.01). For assays implemented in potentially targeted, there was a statistically beneficial effect significance of the intervention (diagnosis of

							depression RD=-0.04, 95% CI -0.07 to -0.01.
Salter et. al. 2013	8 RCT (n 776) Adults after stroke	prophylactic pharmacotherapy	Systematic review with meta-analysis	Placebo	Prevention of depression after stroke HRSD,; DSM-IV; MADRS	N/A	Pooled analyzes demonstrated reduced odds for the development of post-stroke depression associated with pharmacological treatment (OR: 0.34; 95% CI: 0.22-0.53; P , 0.001), a treatment duration of 1 year (OR 0.31; 95%CI 0.18-0.56; P .001), selective serotonin reuptake inhibitor (OR 0.37; 95% CI 0.22-0.61; P .001).

Van zoonen et. al,et. al., 2014	32 RCTs (n= 6214) Adults without diagnosed depression	psychological interventions	Systematic review with meta-analysis	Multiple	Prevention of depression (criteria of DSM III-R; -IV	-	RR of developing a depressive disorder = 0.79 95% CI: 0.69–0.91), indicating a 21% decrease in incidence in prevention groups compared to control groups. Heterogeneity was low (I2=24%). NNT = 20. Sensitivity analyzes show that there are no differences between the type of prevention (selective, indicated or universal) or between the type of psychotherapy (CBT, IPT, other) by NNT, TIP(NNT=7) is more effective than TCC (NNT=71) Several studies with different populations and different interventions and different times limit the results

Yasuma et al., 2020	18 ECR (n=7.416) Pregnant women > 18 years of age	Prenatal psychological interventions (CBT, IPT, mindfulness)	Systematic review with meta-analysis	Usual prenatal care (CBT, TIP, mindfulness)	Prevention of prenatal and perinatal depression		The effect size of prenatal psychological intervention on universal prevention of prenatal depression (SMD= 0.28, 95% CI 0.11, 0.44) and postnatal depression (SMD= 0.37, 95% CI 0.08, 0.66). The cognitive-behavioral approach had a significant effect on the prevention of prenatal depression SMD= 0.53 95% CI 0.13, 0.94. Postpartum results were not significant SMD=0.45 95% CI 0.03, 0.92. Language bias (English only), included low-quality studies

Source: The authors.
RCT: Randomized controlled trial; **CBT:** Cognitive Behavioral Therapy; **DSM:** Diagnostic and Statistical Manual of Mental Disorders; **IPT:** interpersonal therapy; **MADRS:** Montgomery-Asberg Depression Rating Scale; **K-SADS** Schedule for Afective Disorders and Schizophrenia for School; **BID** Bellevue Index of Depression.