SUPPLEMENTAL MATERIAL

Table 1: CHARACTERISTICS OF PHYSICIANS (N=66) WHO COMPLETEDTHE SURVEY ABOUT AREAS OF CLINICAL AREAS (STAGE 1)

	n	%
Sex		
Male	41	62,1
Age		
26 - 34	7	10,6
35 - 43	9	13,6
44 - 52	18	27,3
53+	30	45,5
Years of practice		
3 - 10	9	13,6
11 - 18	11	16,7
19 - 26	18	27,3
27+	27	40,9
Prior training in depression care		
No	19	28,8
Yes	47	71,2

Table 2: CLINICAL SCENARIOS

Feedback from doctors´ survey about areas of uncertainty

	Average (IC 95%)			Average (IC 95%)			p
		Inf	Sup		Inf	Sup	
ADVANCED TRAINING ON DEPRESSION	**W/o training**			**With training**			
How is depression defined?	4,21	3,80	4,62	4,17	3,95	4,39	,711
What is the frequency of depression?	3,84	3,55	4,13	3,80	3,56	4,04	,922
Have I to carry out screening for depressionin Primary Care?	3,74	3,35	4,13	3,87	3,63	4,11	,422
Who has the highest risk of suffering depression?	3,79	3,49	4,09	4,11	3,94	4,28	,052
How to screen for depression?	4,11	3,75	4,46	4,04	3,80	4,29	,876
How to diagnose depression?	4,53	4,23	4,82	4,60	4,45	4,74	,779
How to evaluate the severity of depression?	4,42	4,13	4,71	4,63	4,47	4,79	,173
Which other causes of depression must been take into account for differential diagnosis?	4,11	3,79	4,42	4,20	4,01	4,38	,611
Which is theprognosis?	3,95	3,65	4,25	4,04	3,84	4,25	,517
Which are the most frequent complications?	4,00	3,64	4,36	4,19	4,03	4,35	,300
What is understood as recovery?	4,21	3,91	4,51	4,09	3,89	4,28	,482
Which factors predict recovery?	4,16	3,83	4,49	4,15	3,96	4,34	,948
How much disabling depression is?	3,84	3,47	4,21	4,00	3,79	4,21	,306
What is the stepped-care model for depression?	4,37	4,08	4,66	4,60	4,43	4,77	,123
How do I confirm the diagnosis?	4,32	3,99	4,64	4,26	4,06	4,46	,775
Which patients with depression should I refer to mental health care?	4,47	4,14	4,81	4,53	4,35	4,71	,813
Which is the therapeutic objective for depression treatment?	4,39	4,09	4,69	4,39	4,22	4,56	,987
How to treat a mild depressive episode?	4,21	3,87	4,55	4,49	4,32	4,66	,137
How to treat moderate and severe depression?	4,16	3,83	4,49	4,49	4,33	4,65	,067
How to treat depression linked to other psychological disorders?	4,11	3,79	4,42	4,15	3,93	4,37	,657
How to manage grief?	4,21	3,83	4,59	4,49	4,31	4,67	,183
Which psychological treatments are recommended for the different levels of depression severity?	4,21	3,87	4,55	4,28	4,09	4,47	,754
Which antidepressant should I use as first choice?	4,53	4,23	4,82	4,66	4,51	4,81	,404
What should I have into account before selecting antidepressant?	4,47	4,14	4,81	4,64	4,50	4,78	,467
When must I follow-up a patient with depression whom I prescribed antidepressant medication?	4,16	3,87	4,45	4,26	4,10	4,41	,559
How long should antidepressant treatment last?	4,26	3,91	4,62	4,45	4,29	4,61	,399
What to do if there is not response to the treatment or it is insufficient?	4,37	4,04	4,70	4,57	4,43	4,72	,291
Which antidepressants must I use as a second choice?	4,37	4,04	4,70	4,41	4,25	4,57	,948
What is the effectiveness of self-help interventions and support groups?	3,89	3,58	4,21	4,09	3,89	4,28	,228
What to recommend if the patient requires therapy with medicinal plants?	3,58	3,14	4,01	3,43	3,14	3,71	,566
Which advices should be given when prescribing antidepressants?	4,00	3,68	4,32	4,30	4,14	4,46	,086
Which dosage of antidepressants should be used?	4,37	4,04	4,70	4,57	4,42	4,73	,267
How to increase the dose?	4,32	3,99	4,64	4,55	4,39	4,71	,182
What do I have to monitor in a patient who takes antidepressants?	4,11	3,75	4,46	4,36	4,17	4,55	,188
How to interrupt treatment with antidepressants?	4,21	3,91	4,51	4,53	4,37	4,69	,054
How to switch from an antidepressant to another one?	4,42	4,09	4,75	4,64	4,50	4,78	,267
How to manage antidepressants in special conditions? (Pregnancy and lactation. Postpartum depression).	4,26	3,95	4,58	4,60	4,44	4,75	,047
Do antidepressants increase the risk of suicide?	4,16	3,76	4,56	4,32	4,11	4,53	,474
How to treat depression in older people?	4,16	3,79	4,53	4,64	4,48	4,79	,012
Which are the most frequent adverse effects with antidepressants?	4,26	3,91	4,62	4,47	4,28	4,66	,267

Table 3:AGREE SCORING OF THE EVALUATED CGs

	ITEM	ICS*	BAP	NICE	NZGG	ACP
Scope	The general objective(s) of the guide is (are) specifically described.	4	4	4	4	4
	The clinical aspect(s) covered by the guide is (are) specifically described.	4	4	4	4	4
	Patient to whom the guide is expected to be appliedare specifically described.	4	4	4	4	3
Involvement	Team developing the guide includes individuals from relevant professional groups.	4	2	4	4	1
	Patient points of view regarding his preferences have been taken into account.	1	1	4	3	1
	Target users of the guide are clearly defined.	4	3	4	4	3
	The guide has been tested among target users.	1	1	4	2	1
Accuracy	Systematic methods for searching of evidence have been used.	4	3	4	4	4
	Criteria to choose evidence are clearly described.	2	4	4	4	4
	The methods used to formulate recommendations are clearly described.	4	4	4	4	3
		3	2	4	4	4
	When formulating recommendations, health benefits, as well as secondary effects and risks, have been considered.	4	2	4	4	3
	There is an explicit relation between each one of the recommendations and the evidences on which are based.					
	The guide has been reviewed by external experts before being published.	2	3	4	4	4
	It is included a procedure to update the guide.	4	1	4	3	4
Clarity	Recommendations are specific, not being ambiguous	4	3	4	4	4
	Different options for the handling of illness or condition are presented clearly.	4	4	4	4	2
	Key recommendations are easily identifiable.	4	4	4	4	4
	The guide is supported by tools for its application.	2	1	4	3	1
Applicability	Potential organizational barriers at the time of applying recommendations have been discussed.	2	1	4	2	1
	Potential costs arising from application of the recommendations have been taken into account.	2	1	4	1	1
	The guide offers a series of key criteria aimed to perform monitoring and/or audit.	4	1	4	1	1
Neutralit	The guide, publishing speaking, is independent from the financing entity.	1	1	1	4	4
	The conflicts of interests among the members of the development group have been appropriately registered.	4	1	4	4	4

ICSI: Institute for Clinical Improvement, BAP: British Assotiation of Psychopharmacology, NICE: National Institute for Clinical Excellence, NZGG: New Zealand Guideline Group, ACP: American College Physicians.

Table 4: EXAMPLES OF ADAPTED RECOMMENDATIONS

ORIGINAL RECOMMENDATIONS	ADAPTED RECOMMENDATIONS
For patients with initial presentation of severe depression and a chronic physical health problem, consider offering a combination of individual CBT and an antidepressant.	For patients with initial presentation of severe depression and a chronic physical health problem, consider offering a combination of individual CBT and an antidepressant. *Note: Depending on the characteristics of health care, it is possible that the accessibility to psychological therapy resources is variable but it is an intervention that must be performed as soon as there is available.*
Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.	Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.*(Alert: The use of this drug is minimal in the area of Primary Care in Spain).*

Table 5: BARRIERS AND FACILITATORS

BARRIERS

a) Clinicians factors:

Lack of mental health training

Low interest on matters related to mental health

Low adherence to guidelines and treatment protocol

Saturation with excessive information

Variability of clinical practice

b) System Factors

Recommendations not tackling frequent daily problems, such as organization of depression care, lack of adherence to treatment, over diagnosis.

Inadequate length of visits

Risk of insufficient dissemination,

Lack of endorsement from scientific societies

Low cooperation between Primary Care and Mental Health teams

c) Patients:

Physical co-morbidity of patients with depression at Primary Care

FACILITATORS

a) Clinicians:

Quality of methods used to develop the CG and the supplementary resources.

The information and recommendations is up-to date.

Recommendations contextualized in the Spanish Health Care System

b) System Factors

Lack of conflict of interests (such as lack of support from drug companies)

CG orientated to primary care practice.

Endorsement of public institutions, scientific societies at a national and regional, level

Make the guide be part of computerized clinical report

c) Patients:

The increasing demand of depression care for PCPs.