INPLASY PROTOCOL

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Conflicts of interest:
None declared.

Evidence mapping of clinical practice guidelines recommendations and quality for depression in children and adolescents

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Review question / Objective: **How was the evidence mapping of clinical practice guidelines recommendations and quality for depression in children and adolescents?**
Condition being studied: **Children and adolescents patients with depression.**
Eligibility criteria: **CPGs were considered if they met the definition of Institute of Medicine (IOM), the inclusion criteria were as follows: (1) the updated version for the latest publication; (2) addressed the screening, prevention, diagnosis, treatment or management of depression as defined by Diagnostic and Statistical Manual (DSM, American Psychiatric Association) or International Classification of Diseases (ICD, World Health Organization), at least three eligible recommendations are reported; and (3) related to children and adolescents aged 18 years or younger; (4) limited to the English language.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 August 2021 and was last updated on 24 August 2021 (registration number INPLASY202180092).

INTRODUCTION

Review question / Objective: **How was the evidence mapping of clinical practice guidelines recommendations and quality for depression in children and adolescents?**

Condition being studied: **Children and adolescents patients with depression.**

METHODS

Search strategy: **We will search PubMed, Embase, Web of Science, and guideline**

databases including, but not limited to, Canadian Medical Association: Clinical Practice Guidelines Database (CMA Infobase), Guidelines International Network (GIN), National Institute For Health and Care Excellence (NICE), New Zealand Guidelines Group (NZGG), Registered Nurse's Association of Ontario (RNAO), Scottish Intercollegiate Guidelines Network (SIGN), and TRIP database. The search strategy will be adapted to each database, the search terms include "depression", "depressive disorder", "child*", adolescent*", "guideline", "guidance".

Participant or population: Children and adolescents (≤18) patients suffering from depression.

Intervention: Any intervention.

Comparator: Any comparator/comparison.

Study designs to be included: CPGs (should fulfill the definition of the Institute of Medicine for which they are 'statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options).

Eligibility criteria: CPGs were considered if they met the definition of Institute of Medicine (IOM), the inclusion criteria were as follows: (1) the updated version for the latest publication; (2) addressed the screening, prevention, diagnosis, treatment or management of depression as defined by Diagnostic and Statistical Manual (DSM, American Psychiatric Association) or International Classification of Diseases (ICD, World Health Organization), at least three eligible recommendations are reported; and (3) related to children and adolescents aged 18 years or younger; (4) limited to the English language.

Information sources: The literature search will be conducted in PubMed, Embase, Web of Science, and guideline databases from inception to December 2020.

Main outcome(s): Analysis and grading of methodological quality and reporting quality of CPGs; Level of evidence and strength of recommendation; CPGs recommendations on depression screening, diagnosis, pharmacotherapy, psychotherapy and other treatments.

Quality assessment / Risk of bias analysis: Every qualified CPG was independently evaluated by four reviewers who were well-trained to implement CPGs appraisal using the Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument and the Reporting Items for Practice Guidelines in HealThcare (RIGHT) checklist. The methodological quality of CPGs was appraised using the AGREE II instrument, which consists of 23 items divided into six domains: (1) scope and purpose, (2) stakeholder participation, (3) rigor of development, (4) clarity of presentation, (5) applicability, and (6) editorial independence. Each item was scored with a seven-point Likert scale that varied from 1 (strongly disagree) to 7 (strongly agree). The RIGHT checklist was used to evaluate the reporting quality of CPGs, comprising of 22 items divided into seven domains: basic information (items 1-4), background (items 5-9), evidence (items 10-12), recommendations (items 13-15), review and quality assurance (items 16-17), funding, declaration and management of interests (items 18-19), and other information (items 20-22) . According to the content of their respective report, each item was assessed as "Yes" (fully reported), "Partial" (partially reported), and "No" (unreported or not applicable), with corresponding scores of 1, 0.5, and 0.

Strategy of data synthesis: After accomplishing the methodological quality evaluation of the CPGs by AGREE II instrument, the scores of each domain were calculated as means. An overall evaluation of CPGs was also conducted, as a rule, the AGREE group classified it into three categories: "recommended" (overall scores of >60%), "recommended with modifications" (scores between 30% and 60%), and "not recommended" with the scores lower than 30%. The number of the

RIGHT checklist items reported in each CPG and the number of CPGs that reported single RIGHT checklist items were used to represent the reporting quality data. For each CPG, if the responses of "Yes" were greater than 70%, we defined the report as high quality, medium quality if they were between 40% and 70%, and low quality if they were ≤40%. Using the Microsoft Excel 2019 (Microsoft Corp, Redmond, WA, https://www.microsoft.com/) software to record the overall score and standardization percentage of each domain for the AGREE II instrument, as well as the rate and percentage of RIGHT checklist items' reported.

Subgroup analysis: Not applicable.

Sensitivity analysis: Not applicable.

Language: English.

Country(ies) involved: China.

Keywords: evidence mapping; depression; clinical practice guideline; quality.

Contributions of each author:

Author 1 - Meili Yan - Carried out the study design, contributed to the data acquisition and drafted parts of the methods and results sections of the manuscript, contributed to data interpretation and statistical analysis, and drafted a section of the manuscript.
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