

Supplementary file 7. Narrative depression outcome data not contributing to meta-analyses

Study ID	Number of overall study participants	Time point (weeks)	Measure used ¹	Narrative data comparing change in depression scores between quitters and non-quitters	Between group difference (↑ depression improved more in quitters than non-quitters; ↔ equivocal; ↓ depression improved less in quitters than non-quitters)
Anthenelli 2013	525	16	MADRS	"trajectories of mood and anxiety ratings trended toward slight improvement across time. At the 16 week follow up non quitters had lower mean change in depressive symptoms than the quitter groups. (figure 3)"	↑
Avery 2014	230	12	CES-D	Participants who continued smoking following the quit date had marginally elevated CESD scores at follow-ups. However, baseline scores are not reported split between quitters and non-quitters, and so it was impossible to calculate the change in depression scores.	Cannot predict due to lack of data
Cather 2017	179	12	CDSS	CDSS scores decreased over time in the abstinent group and non-abstinent completers. Based on Figure 1A the baseline and follow-up depression scores were very similar between groups indicating that the change in depression was comparable between groups	↔
Heffner 2019	3079	12	Trial SAEs - not a validated scale. The occurrence of ≥ 1 moderate to severe NPSAEs categorised as depression	"Within the bipolar disorder subcohort, there was no indication that NPSAE variability across treatment groups was driven by smoking abstinence". However, this is not broken down for specific types of NPSAE i.e. depression only	Cannot predict due to lack of data
Kahler 2014	19	26	CES-D	"...the trajectories of change were relatively flat indicating that there were not substantial mood changes during and after smoking cessation." Although change in depression for the overall sample was reported, this was not split into a group of quitters and non-quitters.	Cannot predict due to lack of data

¹ BDI: Beck Depression Inventory; CDSS: Calgary Depression Scale for Schizophrenia; CES-D: Center for Epidemiologic Studies Depression Scale; HADS-D: Hospital Anxiety and Depression Scale (depression subscale only); HDRS: Hamilton Depression Rating Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; NPSAEs: Neuropsychiatric Serious Adverse Events; PHQ-9: Patient Health Questionnaire-9; SAEs: Serious Adverse Events

Pacheco 2017	678	13	HADS-D	There was a fall in the HADS-D score in the overall sample over the three months of the programme. However, although change in depression for the overall sample was reported, this was not split into a group of quitters and non-quitters.	Cannot predict due to lack of data
Pawlina 2015	142	6.5	BDI	"There were changes in the levels of depression over the course of the smoking cessation treatment, and these changes appeared to be more pronounced in participants who successfully quit." "...over the course of treatment, BDI scores were lower among the patients in whom the treatment was ultimately successful. "	↑
Peltzer 2015	620	26	HADS-D	"Smoking abstinence significantly reduced anxiety and depression symptoms" Mean depression scores were lower for those who abstained from smoking in the past 7 days prior to follow-up at all follow-up time points (summarised from Table 1)	↑
Prochaska 2008	322	78	BDI	"Time effects for BDI-II scores indicated significant reductions from baseline levels and no difference by smoking status."	↔
Qi Zhang 2014	225	52	BDI	"Although BDI was measured no information is reported on this in result"	Cannot predict due to lack of data
Saiz Martinez 2016	81	26	HDRS	"No significant differences ($P>.05$) were found between groups at baseline evaluation. Likewise, there were no significant differences between smokers and non-smokers after treatment (3 and 6 months follow-up) in their clinical symptomatology (according to PANSS, HDRS and CGI-SCH), anthropometric measures and heart rate."	↔
Sanchez-Villegas 2008	8,556	312	Self-reported physician diagnosis and/or antidepressant medication use during follow-up	Having quit smoking between two- and four-year follow-up did not predict the diagnosis of depression at six-year follow-up.	↔
Secades-Villa 2015	147	26	BDI	Based on Figure 2 the reduction in depression was greater in quitters than non-quitters	↑
Secades-Villa 2019	120	26	BDI	"...results for the depression data adjusted for days of continuous abstinence showed that the latter variable was negatively related to depressive symptoms scores [$\beta = -.02$, standard error (SE)=.007, $t = -3.18$, $p = .0019$], thus indicating that a greater number of days of continuous abstinence promotes lower depressive symptoms across time."	↑
Segan 2011	227	26	PHQ-9	"Overall, 18% of those not making a quit attempt reported exacerbation of depression, as did 20% with a failed quit attempt and 15% of those who quit at 6 months"	↑
Weinberger 2009	135	10	BDI	"Abstinence was associated with a 2.97 unit increase in BDI scores as compared with no change in BDI scores for non-abstinence participants with all other variables in the model being held constant".	↓

