**Table S2.** Design, sample, substances and dose, depression assessment, AEs assessment, AEs reported by publication.

| Trial Information | | | | | Adverse Events Reported | | | | | | |
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| **Study** | **Design and sample (% female)** | **Substances and doses** | **Depression assessment** | **AE assessment** | **Psychological** | **Neurological** | **Cardiovascular** | **Gastrointestinal** | **General** | **Author's comments** | **Comments in follow-up articles** |
| Griffiths et al., 2016 [15] | Double-blind, randomized, placebo-controlled crossover trial. 51 (49%) | Psychedelic experimental treatment (one session): psilocybin (22 or 30 mg/ 70 kg). Comparator treatment: active placebo (psilocybin, 1 or 3 mg/70 kg). | HDRS, BDI, HADS | Researcher's evaluations and participant's reports at the day of treatment sessions, MRQ and 5D-ASC. | Significant ($p = 0.001$ when comparing experimental and comparator treatment groups) reported events indexed by the 5D-ASC: dread of ego dissolution and auditory alterations. Significant (all p's < 0.05 when comparing experimental and comparator treatment groups) | Significant (all p's < 0.05 when comparing experimental and comparator treatment groups) reported events indexed by the Monitor Rating Questionnaire: yawning, spontaneous motor activity and restless/fidgety. Prevalence at the day of the experimental treatment session versus at the day of the comparator session: headache (2% vs 0%). Eighteen percent | Significant (all p's < 0.05 when comparing experimental and comparator treatment groups): augmented HR, SBP and DBP during the peak effects. At this timepoint, the means for these variables when comparing the experimental group with comparator | Significant ($p < 0.01$ when comparing experimental and comparator treatment groups) reported events indexed by the Monitor Rating Questionnaire: nausea/vomiting Prevalence at the day of the experimental treatment session | Significant ($p < 0.001$ when comparing experimental and comparator treatment groups) reported events indexed by the Monitor Rating Questionnaire: physical discomfort. Prevalence at the day of the experimental treatment session versus at the day of the comparator session: physical discomfort (21% vs 8%). Disease progression from 4 participants in the comparator treatment first group hindered data collection (one at the first session, one at the second | There were no serious adverse events attributed to psilocybin administration. The majority of adverse events were resolved by the end of the sessions. The elevations in blood pressure did not meet the criteria for medical intervention. There were no cases of hallucinogen persisting | |

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| | | | | | reported events indexed by the Monitor Rating Questionnaire: tearing/crying, unresponsiveness to questions, anxiety or fearfulness, distance from ordinary reality, ideas of reference/ paranoid thinking and psychological discomfort. Prevalence at the day of the experimental treatment session versus at the day of the comparator session: psychological | of participants for whom headache was assessed on the day after sessions (n = 11) reported a delayed moderate headache after the high-dose session. | group were: HR 84.06 BPM versus 78.86 BPM ($p < 0.001$), for SBP 155.26 mmHg versus 142.20 mmHg ($p < 0.001$) and for DBP 89.68 mmHg versus 82.90 mmHg ($p < 0.001$). Prevalence at the day of the experimental treatment session versus at the day of the comparator session: elevated SBP (34% vs 17%) and elevated | versus at the day of the comparator session: nausea/ vomiting (15% vs 0%). | session and two during 6-month follow-up). For the experimental treatment group first, disease progression prevented data collection for two participants (one at the second session and one during 6-month follow-up) | perception disorder or prolonged psychosis. | |

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| | | | | | discomfort (32% vs 12%), anxiety (26% vs 15%) and paranoid ideation (2% vs 0%). | | DBP (12% vs 2%). | | | | |
| Ross et al., 2016 [16] | Double-blind, randomized, placebo-controlled crossover trial; 29 (62%) | Psychedelic experimental treatment (one session): psilocybin (0.3 mg/kg). Comparator treatment: active placebo (niacin, 250 mg). | HADS and BDI | Researcher's evaluations and participant's reports throughout the trial, including during and after treatment sessions. Cardiovascular measures were assessed during medication session. | Prevalence at the day of the experimental treatment session versus at the day of the comparator session: transient psychotic-like symptoms (one case of paranoid ideation and one case of thought disorder) (7% vs 0%). | Prevalence at the day of the experimental treatment session versus at the day of the comparator session: headaches/ migraines (28% vs 0%). | Significant (all p's < 0.05 when comparing experimental and comparator treatment groups): augmented HR (at 90 and 120 minutes), SBP (60, 90, 120, 180, 240, 300 minutes) and DBP (60, 90, 120, 180 minutes). Prevalence at the day of the | Prevalence at the day of the experimental treatment session versus at the day of the comparator session: nausea (14% vs 0%). | Not reported | There were no serious adverse events attributed to psilocybin administration. There were no cases of hallucinogen persisting perception disorder or prolonged psychosis. All adverse events were transient tolerable and consistent with previous trials in healthy and clinical populations. | There were no reports of long lasting adverse events related to the psilocybin-assisted therapy sessions. During the long-term follow-up three |

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| | | | | | | | experimental treatment session versus at the day of the comparator session: augmented HR and BP (76% vs 0%). | | | | participants (23%) received psychotropic medication unrelated to psychological distress caused by cancer. Moreover, five participants (39%) received psychotherapy, |

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| | | | | | | | | | | | but only one related to psychological distress caused by cancer. |
| Grob et al., 2011 [21] | Double-blind, randomized, placebo controlled crossover trial; 12 (91%) | Oral single dose, Psilocybin 0.20 mg/kg | BDI | Researcher's evaluations and participant's reports at the day of treatment sessions, 5DASC and BPRS. | Significant (all p's < 0.05 when comparing experimental and comparator treatment groups) reported events indexed by the 5DASC: dread of ego dissolution and auditory alterations (both mildly augmented), positive | Not reported | Significant (all p's < 0.05 when comparing experimental and comparator treatment groups): augmented HR, SBP and DBP. HR, SBP and DBP peaks occurred 2 hours after active treatment. At this time point, | Not reported | No events reported. Two participants died of cancer during follow-up and the other two became too debilitated from their illness to continue participating. Ten of the 12 participants died from their underlying cancer by the time of the article submission. | There were no serious AEs | |

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| | | | | | derealization, positive depersonalization, altered sense of time and mania like experiences (all highly augmented). No significant events were reported for the BPRS. | | the means for these variables when comparing the experimental group with comparator group were: for HR 81.5 BPM versus 70.4 BPM ($p < 0.007$), for SBP 138.4 mmHg versus 117.0 mmHg ($p < 0.01$) and for DBP 75.9 mmHg versus 69.6 mmHg (non-significant). Compared with the predrug time, niacin modestly reduced | | | | |

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| | | | | | | | DBP 1 hour after administration. Cardiovascular adverse events were mild and transitory, with no clinically significant psychological adverse events. Psilocybin was well tolerated. | | | | |
| Gasser et al., 2014 [22] | Double-blind, randomized, placebo controlled with parallel groups followed by open-label crossover design; 11 (36%) | LSD 200 mcg x Placebo (LSD 20 mcg) | HADS | Researcher's evaluations and participant's reports at the day of and the day after treatment sessions. | Prevalence at the day of the experimental treatment sessions versus at the day of the comparator sessions: affect lability (13.6% vs 0%), anger | Prevalence at the day of the experimental treatment sessions versus at the day of the comparator sessions: gait disturbance (31.8% vs 0%), hyperhidrosis (13.6% vs 0%), | Prevalence at the day of the experimental treatment sessions versus at the day of the comparator sessions: secondary hypertension | Not reported | No events reported. One participant in the experimental treatment first died from cancer during the 2-month follow-up.<br><br>There were no adverse events attributed to LSD such as prolonged anxiety ('bad trip') or lasting psychotic or perceptional | There were no serious AEs | There were no reports of long lasting negative adverse events related to the LSD |

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| | | | | | (4.5% vs 33.3%), anxiety (22.7% vs 33.3%), bradyphrenia (4.5% vs 0%), depersonalization (4.5% vs 0%), emotional distress (36.4% vs 33.3%), feeling abnormal (40.9% vs 33.3%), euphoric mood (4.5% vs 0%), feeling of relaxation* (4.5% vs 0%), feeling cold (45.5% vs 0%), illusion (72.7% vs 16.7%), thinking abnormal (9.1% vs 33.3%), tachyphrenia | mydriasis (18.2% vs 0%) and perseveration (repetition of a particular response; 4.5% vs 0%). Prevalence at the day after the experimental treatment session versus at the day after comparator session: No events reported. | (13.6% vs 0%). Prevalence at the day after the experimental treatment session versus at the day after comparator session: No events reported. LSD did not significantly alter HR, SBP and DBP. | | disorders (flashbacks). The few mild somatic effects of LSD such as changes in heart rate and blood pressure were of no clinical significance. | | sessions. |

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| | | | | | (0% vs 16.7%) and vision blurred (0% vs 16.7%). Prevalence at the day after the experimental treatment session versus at the day after comparator session: emotional distress (9.1% vs 0%), feeling abnormal (4.5% vs 0%), feeling cold (9.1% vs 0%) and illusion (4.5% vs 0%). | | | | | | |
| Holze et al., 2023 [24] | Double-blind, randomized, placebo-controlled | LSD 200 mcg x Placebo | HDRS and BDI | Researcher's evaluations and participant's reports throughout | LSD compared to Placebo: Insomnia = LSD group (3) and Placebo | LSD compared to Placebo: Headache = LSD group (15) and Placebo group (25); | Proportions of systolic blood pressure > 140 mmHg were | LSD compared to Placebo: Nausea = LSD group (8) and | Not reported | Acute hospitalization due to obsessive-compulsive disorder in | |

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| | crossover trial; 42 (48%) | | | the trial, including during and after treatment sessions, including 5D-ASC, MEQ3, acute autonomic drug effects during the treatment session. | group (4); Depression = LSD group (2) and Placebo group (1); Anxiety Attack = LSD group (2); Compulsive thoughts = LSD group (1); Confusion = Placebo group (1); Restlessness = LSD group (1); Psychosomatic complaints = LSD group (1); Depressio, suicidal thoughts = LSD group (1); Nightmares = LSD group (1). | Difficulty to concentrate = LSD group (11) and Placebo group (12); Dizziness = LSD group (9) and Placebo group (9); | significantly higher in LSD sessions (n = 42) compared with placebo (n = 27; p = 0.020). Similarly, for heart rate, where values > 80 bpm were reached in 38 cases for LSD compared with 20 cases for placebo (p = 0.002), and heart rate values > 100 bpm were reached in 10 cases for LSD compared with 1 case for placebo (p = 0.004). *p < 0.05, **p | Placebo group (12); Diarrhea = LSD group (2) and Placebo group (3); Abdominal cramps = LSD group (2); Abdominal pain = LSD group (1) and Placebo group (1); Sigmoiditis = LSD group (1); Loss apetite = Placebo group (1). | | period 2 (Placebo) between treatment sessions. Worsening of preexisting condition an approximately 6 months after LSD treatment. No temporal relationship. Surgical correction of nasal septum deviation in period 2 (LSD) 11 weeks after last LSD treatment. Planned surgery. Unexpected pregnancy followed by spontaneous abortion in period 1 (LSD) between treatment sessions. Patient was suffering from cervix- | |

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| | | | | | | | < 0.01, ***p < 0.001. | | | carcinoma. Acute transient anxiety and delusions in period 1 (LSD) during session. The patient was successfully treated with lorazepam and olanzapine. Consequently, the second LSD dose was reduced to 100 mcg. Suspected transient ischemic attack in period 2 (LSD) 2 weeks after last LSD treatment. Patient was suffering from Marfan syndrome and had experienced several similar attacks (>4) before. Deceased due | |

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| | | | | | | | | | | to cancer progression in period 1 (Placebo) 10 weeks after last treatment session. Metastasizing bronchus carcinoma, decease before LSD treatment. Radius fracture in period 2 (LSD) 16 weeks after last LSD treatment. Occurred during a private party 16 weeks after last LSD treatment. Acute hospitalizatio n due to disorientation in period 1 (Placebo) 6 weeks after last treatment session. Attributable to chemotherapy | |

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| | | | | | | | | | | , occurred before LSD treatment. | |
| Razavi et al., 1996 [27] | Double-blind, randomized, multicenter and placebo-controlled trial; 69 (79%) | Fluoxetine 20 mg x Placebo | HADS and MADRS | AMDP5, weight, blood pressure, pulse, biochemical and hematological tests and spontaneous side-effect reports | Neuropsychiatric types of adverse events were more frequent in the fluoxetine group (49%) than in the Placebo (35%) | | Mean heart rate, systolic and diastolic pressure were comparable in the two groups for patients who completed the study | Digestive types of adverse events were more frequent in the fluoxetine group (24%) than in the Placebo (13%) | The mean AMDP5 scores were comparable in the two groups for patients who completed the study, although a greater (but not statistically significant) mean score decrease was observed in the placebo group (p=0,12). The frequencies of adverse events and measurement of side-effects by AMDP5 for patients who completed the study did not differ in the two groups. | There were no serious AEs | |
| Pezzella et al., 2001 [28] | Multicenter, double-blind, randomized and parallel-group; 175 (100%) | Paroxetine 20-40 mg x Amitriptyline 75-150 mg | MADRS | Investigators made an assessment of the relationship of any adverse experiences tot the study medications as unrelates, probably | Paroxetine compared to Amitriptyline in >= 5%: Insomnia: Paroxetine 5 (5.7%) and Amitriptyline 4 (4.5%); Somnolence: Paroxetine 3 (3.4%) and | Paroxetine group withdrawn due to tremor, dizziness and headache.<br><br>Amitriptyline group withdrawn due to tremor and vertigo. | Not reported | Paroxetine compared to Amitriptyline in >= 5%: Nausea: Paroxetine 12 (13.6%) and Amitriptyline 8 (9.0%); Abdominal pain: 6 | Paroxetine compared to Amitriptyline in >= 5%: Leukopenia: Paroxetine 9 (10.2%) and 4 (4.5%); Fatigue: Paroxetine 5 (5.7%) and Amitriptyline 8 (9.0%); Increased sweating: Paroxetine 5 (5.7%) and Amitriptyline 2 (2.2%). Related by Amitriptyline group | One patient (1.1%) in the paroxetine group experienced a serious adverse experience (severe leukopenia and mild reaction at the | |

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| | | | | unrelated, possibly related, or related. Vital signs (sitting and standing pulse rate, systolic and diastolic blood pressure) were measured at all study visits and following early withdrawal from the study. Blood samples for laboratory monitoring were obtained at the screening and week 8 visits. Hematology and clinical chemistry were assessed. | Amitriptyline 8 (9.0). Related by Paroxetine group were withdrawn: agitation, confusion and abnormal thinking. Related by Amitriptyline group were withdrawn: anxiety, depersonalization and nervousness. | | | (6.8%) and 4 (4.5%); Constipation: Paroxetine 6 (6.8%) and Amitriptyline 10 (11.2%); Vomiting: Paroxetine 6 (6.8%) and 4 (4.5%); Dry mouth: Paroxetine 4 (4.5%) and Amitriptyline 13 (14.6%). | were withdrawn: asthenia. | site of a breast implant). Severe leukopenia was noted on day 23 of treatment and resolved 22 days later. The patient had received chemotherapy during the study (a combination of fluorouracil, mesna, cyclophosphamide, mitozantrone hydrochloride, ondansetron hydrochloride, dexamethasone, metaclopromide and haloperidol) and treatment with lenograstim, piritramide and tramadol hydrochloride. The adverse experience | |

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| | | | | | | | | | | was deemed to be unrelated to the study medication. Three patients (3.4%) in the amitriptyline group experienced serious non-fatal emergent adverse experiences (moderate injury that did not resolve during the study period, severe pain, severe leukopenia and moderate upper respiratory tract infection). None of the serious events in either group were considered to be related to study medication | |

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| Musselman et al., 2006 [29] | Double-blind, randomized and placebo-controlled trial and 2-center; 35 (100%) | Paroxetine 20-40 mg, Desipramine 125-200 mg and Placebo | HDRS | Safety evaluations were based on routine adverse event monitoring and vital assessments. At each post-baseline assessment, adverse events were elicited by asking the patient nonleading questions, subsequently investigated, and documented on the case report form. | Adverse events precipitated study discontinuation in 5 (14%) of the study participants: 2 (15%) of the paroxetine patients; 1 (9%) of the desipramine patients, who required hospitalization for treatment of her worsening depressive symptoms. | Desipramine group: headache (36%, N=4). | Not reported | Paroxetine group: Dry-mouth (46%, N=6) and nausea (38%, N=5). Desipramine group: Dry-mouth (73%, N=8) and constipation (36%, N=4). Patients treated with desipramine experienced a higher incidence of dry mouth in comparison to the placebo group (p=0.09). | Paroxetine group: pain (38%, N=5). Desipramine group: pain (36%, N=4). | There were no serious AEs | |
| Fan et al., 2017 [31] | Double-blind, randomized, placebo-controlled trial; 37 (67%) | Ketamine 0,5 mg/kg x Midazolam 0,5 mg/kg | MADRS | Researcher's evaluations and participant's reports | Not reported | Not reported | Not reported | Not reported | Not reported | There were no serious adverse events | |
| Wang et al., 2020 [32] | Double blind, randomized, placbo- | | HDRS | Patients report and 1 - | Not reported | Dizzy: Control (12), R-ketamine (13), Low S- | Not reported | Nausea: Control (18), R-ketamine | Not reported | There were no serious adverse events | |

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| | controlled trial; 417 (100%) | R-Ketamine 0,5 mg/kg, S-Ketamine 0,5 mg/kg, S-Ketamine 0,25 mg/kg and Placebo (Saline) | | month complica<br>tion rates were also recorded. | | ketamine (12), High S-ketamine (14). | | (20), Low S-ketamine (17), High S-ketamine (19).<br>Vomit: Control (8), R-ketamine (10), Low S-ketamine (8), High S-ketamine (9). | | | |
| Zhou et al., 2021 [33] | Double-blind, randomized, placebo-controlled trial; 84 (82%) | Ketamine 0,5-1 mg/kg x Placebo (Saline) | PHQ-9 and MADRS | Researcher's evaluations and participant's reports throughout the trial, including secondary outcomes Anxiety (HADS ≥11), Delirium on day 1, | Ketamine compared to placebo: The proportion of patients complicated with anxiety (31.7% vs 41.9%) and delirium (2.4% vs 7.0%) did not show clinically relevant | Ketamine compared to placebo: The proportion of patients complicated with severe pain within the first 3 postoperative days (47.5% vs 39.5%). | Not reported | Not reported | Not reported | Postoperative complications (aphasia, epilepsy, hemorrhage) did not differ between the groups.<br>There were no others serious adverse events. | |

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| | | | | cumulative severe pain (NRS ≥5), Manic symptoms (YMRS ≥5), Psychotic symptoms (BPRS-4 items ≥5), Dissociative symptoms (CADSS ≠ 0) and Cumulative complications at discharge | differences between groups. Three days after surgery, the number of patients who experienced manic symptoms (4.9% vs 2.3%), psychotic symptoms (7.3% vs 9.3%), or dissociative symptoms (7.3% vs 2.3%) did not show significant differences between the groups. | | | | | | |
| Liu et al., 2021 [34] | Double blind, randomized, placebo-controlled trial; 303 (100%) | | HDRS | Patients report | Not reported | Dizzy: Control (13), R-ketamine (11), S-ketamine (12). | Not reported | Nausea: Control (20), R-ketamine (18), S-ketamine (16). Vomit: Control (7), R-ketamine | Compared with racemic ketamine, S-ketamine has been considered to have less complications and better tolerance | There were no serious adverse events | |

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| | | | | | | | | (8), S-ketamine (7). | | | |
| Holland et al., 1998 [35] | Double-blind, randomized and placebo-controlled trial; 38 (100%) | Fluoxetine 20-40 mg x Desipramine 100-150 mg | HDRS | A physical examination and clinical laboratory profile were performed at visit 1 and again at discontinuation. An electrocardiogram was performed at visit 1. Body weight and vital signs were monitored weekly. Treatment-emergent adverse events (defined as those patient-reported events that first appeared or worsened following randomization) were | Fluoxetine compared to Desipramine: Anxiety: Fluoxetine (14.3%) and Desipramine (17.6%); Insomnia: Fluoxetine (23.8%) and Desipramine (23.5%); Somnolence: Fluoxetine (4.8%) and Desipramine (23.5%). | Fluoxetine compared to Desipramine: Amplyopia: Fluoxetine (9.5%) and Desipramine (17.6%); Dizziness: Fluoxetine (19.0%) and Desipramine (17.6%); Headache: Fluoxetine (23.8%) and Desipramine (35.3%); Tremor: Fluoxetine (19.0%) and Desipramine (11.8%). | Fluoxetine compared to Desipramine: Chest pain: Fluoxetine (0%) and Desipramine (17.6%); Vasodilation: Fluoxetine (23.8%) and Desipramine (5.9%). The only statistically significant ($p<0.05$) changes in vital signs from baseline to endpoint occurred in fluoxetine-treated patients. Fluoxetine-treated patients showed greater changes in | Fluoxetine compared to Desipramine: Anorexia: Fluoxetine (19.0%) and Desipramine (23.5%); Constipation: Fluoxetine (33.3%) and Desipramine (17.6%); Diarrhea: Fluoxetine (9.5%) and Desipramine (29.4%); Dry mouth: Fluoxetine (66.7%) and Desipramine (23.5%). Dyspepsia: Fluoxetine: 38.1%) and Desipramine (23.5%); Nausea: Fluoxetine (38.1%) and Desipramine | Fluoxetine compared to Desipramine: Pain: Fluoxetine (23.8%) and Desipramine (41.2%); Rhinitis: Fluoxetine (19.0%) and Desipramine (5.9%). Fluoxetine-treated patients showed statistically significant decreases in leukocytes and increases in alkaline phosphatase. Desipramine-treated patients showed statistically significant decreases in ALT/SGPT and calcium. | There were no serious AEs | |

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| | | | | collected at each visit. | | | mean heart rate, both standing and supine than desipramine -treated. | (47.1%); Tooth Disorder: Fluoxetine (0) and Desipramine (17.6%); Vomiting: Fluoxetine (28.6%) and Desipramine (11.8%). The only event revealing a statistically significant difference between treatments was dry mouth. | | | |
| Fisch et al., 2003 [36] | Double blind, randomized , parallel-group; 163 (49%) | Fluoxetine 20 mg x Placebo | BZSDS | Patient's report. | Not reported | Two patients dropped out of the fluoxetine arm because headaches | Not reported | Two patients dropped out of the fluoxetine arm because nausea or vomiting. The frequency was significantly greater in patients in | Fifteen patients had unexpected hospitalizations during the study: nine in the fluoxetine arm and six in the placebo arm | There were no serious AEs | |

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| | | | | | | | | the fluoxetine arm at the study completion visit. 9 (33%) of 27 patients in the fluoxetine arm reported one or more episodes of emesis at the study completion visit, compared with 2 (4.6%) of 43 patients receiving placebo. | | | |
| Navari et al., 2008 [37] | Double blind, randomized , parallel-group; 193 (100%) | Fluoxetine 20 mg x Placebo | BZSDS | Researcher's evaluations and participant's reports | Not reported | Not reported | Not reported | Two had elevated liver function tests | Not reported | There were no serious AEs | |
| Costa et al., 1985 [38] | Double-blind, randomized and placebo-controlled | Fluoxetine 20 mg x Placebo | HDRS and ZSRDS | Patient's report. Side-effects check list | Mianserin is superior to placebo reducing the severity and | Tremor, a mianserin patient on day 7. Headache, two mianserin | Hypotension, a mianserin patient on day 7. | Miaserin compared to placebo: most frequent AE | On day 14, a mianserin patient refuse treatment because of "colored nightmares". On day 21, a mianserin | There were no serious AEs | |

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| | trial; 73 (100%) | | | | duration of depression. On day 28, a mianserin patient showed a moderate manic like excitetement | patients on day 7, a patient on day 14 and a patient on day 28. On day 28, a Mianserin patient showed excitattion | Tachycardia, a miaserin patient on day 7 and two on day 14 | was drowsiness in the first week. Dry mouth, two miaserin patient on day 7 and two patient on day 14. Nausea/vomiting and constipation were not reported mianserin patients | patient showed slight weight gain (2kg). Dizziness/faintness/weakness, two mianserin patient on day 7, a patient on day 14 and a patient on day 28. Dermatitis and weight loss were not reported mianserin patients. Significant decrease in alkanline phosphatase (p=0.05) and chloride (p=0.01) | | |
| Van Heering et al., 1996 [39] | Double-blind, randomized and placebo-controlled trial; 55 (100 %) | Mianserin 30 mg x Placebo | HDRS | ROSE, vital signs and laboratory measurements (hematology, blood chemistry and urinalysis) | Not reported | Sedation-related symptoms, such as sedation, tiredness, sleepiness/drowsiness, slow thinking and dullness, were reported by five mianserin and two placebo-treated patients but disappeared over the course of the stufy. | Postural symptoms, such as vertigo/dizziness and faintness on rising, were registered only in the mianserin group (n=3). | Initial gastrointestinal symptoms, such as decreased appetite, dry mouth, nausea and vomiting, were reported by six mianserin and four placebo-treated patients. | No clinically relevant changes were seen in vital signs. Laboratory indices, and white blood cell count in particular, remained unchanged during the study. | There were no serious AEs | |

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| Razavi et al., 1999 [40] | Double blind, randomized, parallel-group; 18 (100%) | Trazodone 150 mg x Clorazapate 30 mg | HADS | Recording weight, blood pressure, pulse rate and spontaneously reported adverse events | Trazodone compared to Clorazapate: Sleepiness: Trazodone (1) and Clorazapete (2); Aggressiveness: Trazadone (0) and Clorazapate (2); Sleep disturbances: Trazodone (1) and Clorazepate (0); Disinhibition: Trazodone (0) and Clorazapate (1). | Trazodone compared to Desipramine: Vertigo: Trazodone (2) and Clorazapate (0); Cognitive disturbancer: Trazodone (0) and Clorozapate (1); Pulsation in the head: Trazodone (1) and Clorazapate (0); Ears buzzing: Trazodone (1) and Clorazapate (0); | There were no clinically relevant differences in blood pressure and pulse rate between either group. | Trazodone compared to Clorazepate: Dry mouth: Trazodone (2) and Clorazepate (0); Bulimia: Trazodone (0) and Clorazepate (1); Constipation: Trazodone (2) and Clorazepate (0); Nausea: Trazodone (1) and Clorazepate (0). | Trazodone compared to Clorazepate: Skin eruption: Trazodone (1) and Clorazepate (1); Conjunctivitis: Trazodone (1) and Clorazepate (0); Ears buzzing: Trazodone (1) and Clorazepate (0); Muscular Weakness (legs): Trazodone (1) and Clorazepate (0). | One patient who received trazodone withdrew from the study after 5 days due to adverse events (severe vertigo and pulsation in the head) that were probably related to the study medication. | |
| Cankurtaran et al., 2008 [41] | Double blind, randomized , parallel-group; 53 (64%) | Mirtazapine 7,5-30 mg, Imipramine 75-150 mg and Placebo | HADS | Pain, nausea, and vomiting were assessed on a single symptom scale rated by the physician by asking the patients during each visit. The weights of | Not reported | Not reported | Not reported | Not reported | Mirtazapine had a greater body weight increase compared to placebo (10.3% vs. 1.2%), whereas compared to imipramine, there was an increase but it was not significant (12.9% vs. 10.9%) | There were no serious AEs | |

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| | | | | patients were noted during each visit. Appetite was evaluated by asking patients to rate if they had mild, moderate, severe apetite loss, or no change in apetite, or mild, moderate, or severe apetite increases | | | | | | | |

5D-ASC – 5-dimensional altered states of consciousness, AEs – Adverse effects, ALT/SGPT – Alanine aminotransferase/, AMDP5 – Association for Methodology and Documentation in Psychiatry psychotropic side effect rating scale, BDI – Beck depression inventory; BPM – Beats per minute, BPRS – Brief psychiatric rating scale, BZSDS – Brief Zung self-rating depression scale, CADSS – Clinician-administered dissociative states scale, DBP – Diastolic blood pressure, HADS – Hospital anxiety and depression scale, HDRS – Hamilton depression rating scale, HR – Heart rate, LSD – Lysergic acid diethylamide, MADRS – Montgomery-Åsberg depression rating scale, MRQ – Monitor rating questionnaire, NRS – Numerical Rating Scale, PHQ-9 – Patient health questionnaire-9, ROSE – Record of Symptoms Emerging, SBP – Systolic blood pressure, YMRS – Young mania rating scale, ZSRDS –Zung self-rating depression scale.