Supplemental Table 1. GRADE Analyses: ketamine in electroconvulsive therapy for major depressive disorder

Primary and *secondary outcome*	**Active arms (N)**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Publication bias**	**Large effect**	**Overall quality of evidence[d]**
Ketamine versus propofol								
Depressive symptoms at day 1 after a single ECT session	83 (3)	Serious[a]	Serious[b]	No	Serious[c]	Undetected	No	+/-/-/-/; Very Low
Depressive symptoms at day 3 after a single ECT session	41 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Depressive symptoms at day 7 after a single ECT session	41 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Seizure duration (s)	86 (3)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Seizure energy index (uv^2)	41 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Open eyes (min)	68 (2)	Serious[a]	Serious[b]	No	Serious[c]	Undetected	No	+/-/-/-/; Very Low
Hypertension	92 (3)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Nausea and vomiting	92 (3)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Ketamine plus propofol versus propofol								
Depressive symptoms at day 1 after a single ECT session	44 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Depressive symptoms at day 3 after a single ECT session	44 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Depressive symptoms at day 7 after a single ECT session	44 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low
Seizure duration (s)	89 (3)	Serious[a]	Serious[b]	No	Serious[c]	Undetected	No	+/-/-/-/; Very Low
Seizure energy index (uv^2)	44 (2)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low

Open eyes (min)	67 (2)	Serious[a]	Serious[b]	No	Serious[c]	Undetected	No	+/-/-/-/; Very Low
Hypertension	91 (3)	Serious[a]	No	No	Serious[c]	Undetected	No	+/+/-/-/; Low

[a]All studies reported as having a serious bias used an open-label method, only mentioned random allocation without describing the method and withdrawal from the study.
[b]Meta-analytic results presented a serious inconsistency when I^2 values were greater than 50% or P<0.1 in the *Q* statistics.
[c]For continuous outcomes, N<400; For dichotomous outcomes, N<300.
[d]GRADE Working Group grades of evidence: High quality=further research is very unlikely to change our confidence in the estimate of effect. Moderate quality=further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate. Low quality=further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate. Very low quality=we are very uncertain about the estimate.
Abbrevations: GRADE=grading of recommendations assessment, development, and evaluation; ECT=electroconvulsive therapy.

Supplemental Figure 1. Cochrane risk of bias

	Random sequence generation (selection bias)	*Allocation concealment (selection bias)*	*Blinding of participants and personnel*	*assessment (Symptom reduction, response)*	*Incomplete outcome data addressed (attrition bias)*	*Selective reporting (reporting bias)*	*Other sources of bias*
Wang et al.,2012	?	?	?	+	+	+	?
Xu et al.,2013	-	-	-	-	+	+	?
Yalcin et al.,2012	?	+	?	?	+	+	?
Zhao et al.,2016	?	-	-	-	+	+	?

+ : Low risk of bias, - : High risk of bias, ? : Unclear risk of bias

Li X-M, *et al. General Psychiatry* 2020; 33:e100117. doi: 10.1136/gpsych-2019-100117