Randomized controlled trials			
16-week randomized double-blind placebo-controlled trial for geriatric depression in 143 older outpatients diagnosed with major depression	three treatment groups: methylphenidate plus placebo (N=48), citalopram plus placebo (N=48), and citalopram plus methylphenidate (N=47). Daily doses ranged from 20 mg to 60 mg for citalopram (mean=32 mg) and from 5 mg to 40 mg for methylphenidate (mean=16 mg).	All groups showed significant improvement in depression severity and in cognitive performance.	(Lavretsky et al. 2015)
double-blind, randomized, placebo-controlled trial (144 patients)	ambulatory patients with HIV disease and persistent and severe fatigue	MPH and pemoline were equally effective at reducing fatigue, compared to placebo. Also, improved quality of life and decreased levels of depression and psychological distress	(Breitbart et al. 2001)
Five "N of 1" trials (individual cross-over, double-blinded, randomized trials)	nursing home patients: 2 depressed due to a medical condition; 1 treatment-resistant depression; 2 chronic apathy in dementia	MPH (5 mg bid) or placebo, crossed over. ⅔ depressed pts improved; 1 apathy pt improved; the other apathy pt trial stopped as test instrument could not be completed	(Jansen et al. 2001)
prospective, randomized, double-blind, placebo-controlled study (21 stroke patients consecutively admitted to a community-based rehabilitation unit)	Three-week treatment of methylphenidate (or placebo) in conjunction with physical therapy	MPH started at 5 mg/day, increased gradually to 15 mg bid: significantly more mprovement on HAM-D, Zung Depression Scale, motor functioning, and functional independence for MPH compared to placebo	(Grade et al. 1998)
8-day double-blind, randomized, placebo-controlled crossover trial	16 older medically ill patients with depression	13/16 completed the trial; statistically and clinically significant treatment responses were found	(Wallace et al. 1995)
randomized, double-blind, comparative trial (20 patients)	HIV antibody-positive patients with depression, assigned to either desipramine or MPH	individual dose titration; mean daily dose of desipramine: 150 mg; MPH: 30 mg. No statistically significant differences in responses or in speed of response.	(Fernandez et al. 1995)
randomized, double-blind 2-day crossover trial (18 inpatients)	depressed patients, drug-free for at least one week	given either 20 mg d-amphetamine or 40 mg MPH in one dose, then crossed over to the other drug: many patients improved on one or the other, but few improved equally on both	(Little 1993)
double-blind placebo-controlled randomized trial	44 withdrawn, apathetic geriatric patients treated with MPH or placebo	MPH 10 mg bid led to significantly better outcomes after 6 weeks cf. placebo, in the MSCL test, NOSIE scale, in 4 target symptoms, and in nurses' and physicians' global evaluations	(Kaplitz 1975)