Characteristics table for the clinical question: In the treatment of GAD, what are the risks and benefits associated with the following low-intensity treatments?

Comparisons Included in this Clinical Question

Bibliotherapy (guided) vs. CBT	Bibliotherapy (guided) vs. TAU	Bibliotherapy (guided) vs. WLC	Bibliotherapy (unguided) vs. Information control
VANBOIEJEN2005	SORBY1991 VANBOIEJEN2005	LUCOCK2008	WHITE1995

Bibliotherapy (unguided) vs. TAU	Bibliotherapy (unguided) vs. WLC	CBT group adult psychoeducation vs. Traditional group anxiety management training	CBT group adult psychoeducation vs. WLC
MAUNDER2009	BOWMAN1997 KASSINOVE1980 TARRIER1986 WHITE1995	KITCHINER2009	KITCHINER2009

Computerized therapy vs. WLC	Large group didactic therapy vs. WLC	Traditional group anxiety management training vs. WLC
HOUGHTON2008 TITOV2009A	WHITE1992a	KITCHINER2009

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BOWMAN1997 Study Type: RCT Study Description: Determined the efficacy of self-examination (problem-solving) therapy in treatment of GAD. Type of Analysis: Completors Blindness: Open Duration (days): Mean 28 Followup: 3 months (data available for extraction) Setting: Community, participants were self recruited by advertisements in Alabama, US Notes: RANDOMISATION: No details provided Info on Screening Process: 75 people screened, 37 excluded (24 failed to meet eligiblity criteria as they had either moderate to severe panic attacks, were in psychotherapy, or did not meet criteria for GAD; an additional 13 people chose not to participate)	n= 38 Age: Mean 43 Range 20-73 Sex: 10 males 28 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R Exclusions: A) did not have a diagnosis of GAD; B) were in psychotherapy at time of study; C) were receiving pharmacotherapy and were not stabilized on medication for at least 2 months; D) evidencing psychosis, suicidal risk, or mania; E) having panic disorder with panic attacks that were considered to be moderate to severe Notes: Completion rates: All required to complete at least 7/28 worksheets. No other comment on completion rates. Baseline: No significant group differences	**Data Used** STAI-trait STAI-S SCL-90 General Severity index HARS (Hamilton anxiety rating scale) Notes: DROP OUTS: Treament = 4/19; WLC = 4/19.Therapist contact: Called by therapist (Bowman) once per week (restricted to 5 mins). No other therapist contact.	**Group 1 N= 19** Problem solving therapy (Self-examination). Mean dose 4 weeks (1 worksheet per day) - Compared what was bothering them with what mattered. If what was bothering them related to what mattered, they brainstormed, listed possible solutions to their problem, and were encouraged to try out solutions. 28 worksheets (1 per day); 45 pages booklet **Group 2 N= 19** Waiting-list control. Mean dose 4 - received no treatment until 4 wks had passed, after which participants in this group were assigned to SET.	FUNDING: none declared, Quality assessed: Selection bias = unclear risk, Performance bias = unclear risk, Attrition bias = unclear risk, Detection bias = low risk
Results from this paper: Self-examination therapy was effective in comparison to waiting list control.				

HOUGHTON2008 Study Type: RCT Study Description: Examined the effectiveness of the Internet version of the mindfulness-based stress reduction for women previously diagnosed with GAD. Type of Analysis: Completor analysis Blindness: Open Duration (days): Mean 56 Followup: No follow up Setting: Outpatients, U.S. Self selected Notes: RANDOMISATION: random number or letter and only the primary investigator had access to the data Info on Screening Process: 1049 assessed for eligiblility, 268 excluded as not meeting inclusion criteria, a further 550 did not complete pretests & baseline information, 90 excluded as did not return post-tests	n= 231 Age: Mean 43 Range 25-50 Sex: all females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by previous diagnosis (no diagnosis tool mentioned) Exclusions: a) If they were not female & had not been diagnosed with generalized anxiety disorder, b) not currently in good health as acknowledged by their primary care physician; c) did not complete the informed consent; d) were not between the ages of 25 and 50; e) did not have access to the Internet or were not able to read and write the English language. Notes: It was assumed that the participants were accurately diagnosed with generalised anxiety disorder Baseline: STAI: Treatment = 37 (7), Control = 47 (9). Completion rates: All completed in each group (a random selection of all completors was chosen for analysis).	**Data Used** STAI-total Notes: Drop outs: Treatment= 32/116, Control = 58/115 (note high drop outs). Also only 50 from each remaining group selected randomly for analysis. Outcomes taken at pre-test and post-test (8 weeks). No follow-up analysis.	**Group 1 N= 50** Internet delivered mindfulness stress reduction. Mean dose 8 sessions (unclear of length) - Included (a) focusing on mindfulness of breath, (b) formal sitting meditation, (c) body-scan meditation and (d) yoga. Asked to practice exercises for a min of 10 mins a day, 6 days per week.Therapist competence: No therapist contact **Group 2 N= 50** Waiting-list control. Mean dose 8 weeks - received no treatment	Quality assessment completed: selection bias = unclear risk of bias, performance bias = low risk of bias, attrition bias = high risk of bias, detection bias = unclear risk of bias. No information on funding provided;
Results from this paper: Note on attrition: 84 of 116 in treatment group returned post-assessment & 50 of these were randomly selected. 57 of 115 in control group returned post-assessment & 50 of these were randomly selected. Conclusions: Treatment effective				
KASSINOVE1980 Study Type: RCT Study Description: Examined the impact of rational emotive bibliotherapy or audiotherapy on 34 clients with a variety of neurotic disorders Type of Analysis: Completors Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Recruited from a community mental health centre: U. S. Notes: RANDOMISATION: no details provided Info on Screening Process: No details provided	n= 34 Age: Range 21-56 Sex: 12 males 22 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned) Exclusions: a) not diagnosed as neurotic; b) had previously been in treatment at the center Notes: Were currently awaiting treatment for approximately 4 weeks Baseline: STAI-T: Bibliotherapy = 53.5 (10), Audiotherapy = 56 (14.3), WLC = 52.8 (10.2)	**Data Used** STAI-T Notes: Taken at pre- and post testing (after 8 weeks). No follow up analysis carried out. DROP OUTS: none. No details on completion rates.	**Group 1 N= 11** Rational emotive audiotherapy. Mean dose 16 sessions (1 hour each) - Came to centre twice per week for 8 weeks. No therapist contact. Asked to listen to a tape developed by rational emotive experts with an aim to encourage rational thinking & develop a more appropriate philosophy of life. No assignment given. **Group 2 N= 11** Rational emotive bibliotherapy. Mean dose 16 sessions (1 hour each) - Came to centre twice per week for 8 weeks & were given a reading assignment. Read 1/more chapters from book on rational emotive background at each session & asked to complete 3-5 easy questions after each assignment. No therapist contact.	Quality assessed: Unclear risk of bias for selection, performance, attrition & detection. Funding: none declared.

			Group 3 N= 12 Waiting-list control. Mean dose 8 weeks - Were told they were recommended for individual psychotherapy but since a therapist was unavailable they would have to wait. They were told to contact center if an emergency were to arise.	
Results from this paper: Both treatments were effective, however, bibliotherapy had a larger effect in comparison with audiotherapy.				
KITCHINER2009 Study Type: RCT Study Description: Examined the relative effectiveness of a six week CBT education evening class, an anxiety management group & WLC group in the treatment of anxiety. Type of Analysis: Intention to treat (LOCF) Blindness: No mention Duration (days): Mean 42 Followup: 1, 3 & 6 month follow up (1 month follow up reported for all groups, 3 & 6 not reported for WLC) Setting: Secondary care, University Hospital of Wales, Cardiff. Psychoeducation held in School of nursing. The AM took place in the local psychiatric hospital. Notes: RANDOMISATION: randomly allocated to one of the three groups by computer generated randomization codes concealed in opaque brown envelopes. Info on Screening Process: 99 screened, 23 were excluded. Of those excluded 14 had a primary diagnosis of depression, one was alcohol dependent, two had a learning disability, one had a personality disorder, one obsessive compulsive disorder and four no psychiatric disorder.	n= 73 Age: Mean 40 Range 16-65 Sex: 38 males 35 females Diagnosis: 100% Anxiety disorders by DSM-IV Exclusions: (a) previous course of CBT (individual or group) or anxiety management; (b) changed psychotropic medication within the preceding four weeks; (c) evidence of psychosis, substance dependency, or other primary DSM-IV axis I disorder; (d) severe physical illness; (e) severe personality disorder; and (f) cognitive impairment. Notes: Excluded obsessive compulsive disorder & PTSD. Mainly chronic anxiety disorder sufferers who had been referred to secondary care following a trial of treatment in primary care. 19% were referred from primary care and 81% from secondary care. Baseline: Psychoeducation group (SC) had fewer females (32% vs 63%) & AM group had fewer with a previous medical history (60% vs 29%). Sickness in days SC = 87 (121.6), AM = 59 (109.2), WLC = 34 (92.2)	**Data Used** General health questionnaire-anxiety Beck Depression Inventory Fear Questionnaire Notes: Psychoeducation: 9/25 dropped out. 12% attended all sessions, 24% attended 5 sessions. AM: 8/24 dropped out.13% attended all, 13% attended 5 sessions.	**Group 1 N= 25** CBT group adult psychoeducation. Mean dose 6 (2 hours each) - Delivered by 2 experienced mental health nurses with extensive experience of treating out-patients with CBT under supervision (one had received training from J. White and delivered several groups of SC before the study commenced). **Group 2 N= 24** Group Anxiety management training. Mean dose 6 (2 hours each) - Facilitated by 2 occupational therapists with 15-20 years experience of AM in groups. Designed to be more interactive with a broadly psycho-educational approach. A CBT model was used, with a strong emphasis on activity scheduling & relaxation techniques. **Group 3 N= 24** Waiting-list control. Mean dose 6 - Received no intervention until one month after the active interventions finished when they were offered their choice of a psychoeducation or anxiety management course.	Quality assessed: selection bias = unclear risk, performance bias = unclear risk, attrition bias = unclear risk, detection bias = unclear risk. FUNDING: none declared.
Results from this paper: Meta analysis revealed that CBT and anxiety management interventions resulted in small to moderate, yet statistically insignificant effects on depression and anxiety scores when compared to waiting list. Conclusions: Unlike similar interventions in primary care settings (e.g. WHITE1992), this study is not as effective. This could be due to the chronic condition that characterizes this study's participants.				
LUCOCK2008 Study Type: Quasi-randomised Study Description: A time-cohort clinical trial in which patients were offered a brief, low cost, low intensity self-help intervention while waiting for therapy. Type of Analysis: ITT (LOCF)	n= 96 Age: Mean 40 Range 20-65 Sex: 34 males 62 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned)	**Data Used** Remission (cut-off of 10 on CORE-OM scale) CORE-OM (Clinical Outcomes in Routine Evaluation) Hospital Anxiety and Depression Scale (anxiety)	**Group 1 N= 48** Bibliotherapy-guided & CBT based. Mean dose 8 (no mention of length of each session) - Self-help pack rcv w/in 2wks: 40min initial session with psychology assistant (*see left) to explain the pack. Recognizing and dealing with anxious	Quality assessed: selection bias = high risk of bias, performance bias = unclear risk, attrition bias = low risk, detection bias = unclear risk. FUNDING: none mentioned.

Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Multi-professional adult psychological therapy service in which patients were offered a self-help intervention; Wakefield Metropolitan district Notes: RANDOMISATION: Time-cohort (ABAB) design. Info on Screening Process: 1278 patients assessed, 1102 excluded as not meeting inclusion criteria & further 80 did not give informed consent. Reasons for exclusion: offered group work/individual therapty during study, failing to attend appointments return or questionnaires etc.	Exclusions: a) Did not have one of the following disorders as a main presenting problem: panic disorder, generalized anxiety disorder, agoraphobia, social phobia, health anxiety, and specific phobias; b) Patients with a main problem of post traumatic stress disorder or obsessive compulsive disorder were excluded because the self-help pack was not deemed suitable; c) Patients with psychosis and substance misuse as the main presenting problem were also excluded; d) Patients with other concurrent mental health problems such as depression were included as long as one of the appropriate anxiety problems was a major presenting problem for which the patient wanted help. Notes: No attempt was made to exclude patients on the basis of severity or co-morbidity. 52 had GAD, 43 had panic & 50 had depression as a main concurrent problem. Baseline: all comparable. No details on completion rates.	Hospital Anxiety and Depression Scale (depression) Notes: *1st degree in psychology, attended a university module of guided self-help for anxiety & depression that included assessment of client work skills. Also, supervised by consultant clinical psychologist with a CBT qualification	thinking, physical effects of anxiety, effects on mood and behaviour, dealing with setbacks. 21 drop outs **Group 2 N= 48** Waiting-list control. Mean dose 8 - 15 dropped out	
Results from this paper: Small effect for guided bibliotherapy in comparsion to WLC.				
MAUNDER2009 Study Type: RCT Study Description: A pilot study to investigate the effectiveness of self-help materials for the treatment of anxiety & depression in an adult male prison population. Type of Analysis: Completors Blindness: Single blind Duration (days): Mean 28 Followup: 4 weeks (not extractable) Setting: Recruited from Primary care in male prison; UK Notes: RANDOMISATION: Blocked & using computer generated number sequences Info on Screening Process: 85 invited to participate, 25 refused & 10 were discharged or transferred. A further person withdrew at the assessment stage	n= 38 Age: Mean 35 Sex: all males Diagnosis: 100% Anxiety disorders by cut off score of 8 on HADS- anxiety subscale Exclusions: a) more serious mental health problem for example psychosis or organic brain disorder, current active self-harm; b) unable to read the booklets (i.e., non-English speakers, illiterate, or learning disability) Notes: 82.6% completed the 2nd assessment & 71.7% completed the 3rd assessment. No details of treatment completion for either group. Baseline: No significant differences in baseline socio-demographic characteristics or anxiety scores between the anxiety treatment and anxiety control group. However, the treatment group had a longer length of sentence than the control group.	**Data Used** Remission (score of less than 8 on HAD-ANX scale) Hospital Anxiety and Depression Scale (anxiety) **Data Not Used** Patient Satisfaction - no data Brief symptom inventory - no data Notes: Taken at baseline, 4 & 8 weeks. DROP OUTS: Treatment = 7/20, Control = 2/18. Response is based on HADS-anxiety subscale.	**Group 1 N= 20** Bibliotherapy-unguided. Mean dose 4 weeks (no sessions) - Participants were instructed to read the booklet, do the exercises, complete the time diary (to record when they used the booklet) and think about their personal reactions to the booklet. Also experienced TAU (see next) **Group 2 N= 18** TAU. Mean dose 4 weeks - Received an opaque envelope with a blank paper inside & information that they would be recalled in 4 weeks to complete the measures again & receive the booklet. Experienced TAU including medication, support, counselling, or other psychological therapies.	Quality assessed: selection = low risk of bias, performance = low risk of bias, attrition = unclear risk of bias, detection = low risk of bias. FUNDING: Supported by a small research grant from Northumberland Care Trust; author developed some SH material
Results from this paper: Treatment effective				
SORBY1991 Study Type: RCT Study Description: Examines the effectiveness of the use of an anxiety management booklet in addition to treatment as usual from GP Type of Analysis: Completor	n= 60 Age: Range 18- Sex: 11 males 49 females	**Data Used** Symptoms rating test-depression subscale Symptoms rating test-anxiety subscale Hospital Anxiety and Depression Scale (anxiety)	**Group 1 N= 33** Bibliotherapy- guided, AMT + TAU. Mean dose 8 weeks (no mention of number of sessions or time) - Up to 10 mins were spent explaining the contents. Booklet	Quality assessed: Selection bias = high risk of bias, Performance bias = unclear risk of bias, attrition bias = unclear risk of bias, detection bias = unclear risk

Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Outpatient: UK Notes: RANDOMISATION: randomly allocated to groups by GP using a random card pack. Info on Screening Process: 64 screened, 4 exculded as failed to meet inclusion criteria	Diagnosis: Anxiety disorders by DSM-III Exclusions: Patients who had an additional diagnosis of obsessional compulsive disorder, psychotic disorder, melancholia, or alcohol or substance misuse were excluded. Notes: A defined diagnosis of panic disorder (20-30%) or any of its subtypes including phobic avoidance or GAD. Note in TAU % of GAD & depression doubles in treatment group. Baseline: More patients in treatment group (33.3%) had PD without phobic avoidance than in the control group (5.3%), they also had less limited symptom attacks in treatment group (3.3%) than control (10.5%), & were less likely to have GAD (10.5% vs. 21.1%), and major depression (3.3% vs. 10.5%). However, no significant differences found.	Notes: DROP OUTS: TAU = 4/31, Treatment = 0/33, Completion rates: 19/31 in TAU & 30/33 in treatment.Taken at initial consultation, two, four and eight weeks (post-treatment). No follow up analysis carried out. HADS= hospital anxiety subscale	describes how anxiety operates in terms of the three factor theory of physical, mental & avoidance components. Advice is given on how readers can intervene at different stages in the anxiety cycle. **Group 2 N= 31** Treatment as usual. Mean dose 8 weeks	of bias. FUNDING: No details provided.
Results from this paper: The booklet added onto the TAU's effectiveness, however, the bias casts doubt on the findings.				
TARRIER1986 Study Type: RCT Study Description: To examine the effects of 1 session of ART (demonstration, biblio/audiotherapy or all) in patients with GAD & panic attacks. Type of Analysis: unclear Blindness: No mention Duration (days): Mean 23 Followup: No follow up analysis Setting: Secondary care, participants referred by psychiatrists or GPs in UK Notes: RANDOMISATION: No details provided Info on Screening Process: No details provided	n= 50 Age: Mean 41 Sex: 20 males 30 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned) Exclusions: (a) not experiencing panic attack; (b) not experiencing high levels of general anxiety and tension, or complaining of an inability to relax most of the time; (c) no physical symptoms of anxiety being present; d) if their principal complaint was of situational anxiety or they were at risk of suicide Notes: They experience panic attacks that were not situationally determined, high levels of general anxiety and tension, physical symptoms of anxiety being present and a major source of complaint. Many on drugs, but felt not helpful anymore Baseline: Groups were comparable on all prognostic & demographic factors. Compliance of 100% would be achieved if the exercise routine was practiced once a day. 24% of participants had a compliance of 76% or more. Mean compliance of 68%. No significant differnces between groups with regard to compliance.	**Data Used** Compliance Symptoms rating test-depression subscale Symptoms rating test-anxiety subscale Notes: 60% were provided further treatment (non-remission): differences among the treated groups was not significant. Overall 4 people dropped out, unclear how many from each group.	**Group 1 N= 40** Applied relaxation (self-help). Mean dose 1 session (does not state length of session) - Taught by means of participant demonstration, written instructions, taped instructions, or a combination of all. Components include a) self-monitoring; b) correct breathing; c) muscle relaxation & d) positive mental imagery. Average number of days 23. **Group 2 N= 10** Waiting-list control	Quality assessed: Selection bias = unclear, Performance bias = unclear, Attrition bias = Unclear, Detection bias = unclear risk. FUNDING: no mention. No comment on therapist involvement or competence.
Results from this paper: Treatment group participants are instructed to full practice once a day = 100% compliance. Type of instruction did not matter.				
TITOV2009A				

Study Type: RCT Study Description: Examined the effectiveness of clinician-assisted internet-based treatment (worry programme) for GAD Type of Analysis: Intention to treat Blindness: No mention Duration (days): Mean 63 Followup: No follow up analysis Setting: Community, participants were self-recruited by online application in Australia Notes: RANDOMISATION: via a true randomization process Info on Screening Process: 67 individuals were screened for the programme & 6 were excluded for not meeting inclusion criteria	n= 48 Age: Mean 44 Range 18- Sex: 14 males 34 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: (i) not a resident of Australia; (ii) younger than 18 years of age; (iii) had no access to a computer, the Internet, and use of a printer; (iv) currently participating in CBT; (v) using illicit drugs or consuming more than three standard drinks per day; (vi) currently experiencing a psychotic mental illness or severe symptoms of depression (defined as a total score >23 or responding >2 to Question 9 (suicidal ideation) on the Patient Health Questionnaire Item (PHQ-9) ; and (vii) being on an inconsistent dosage of medicine in last month or not willing to keep dosage constant Notes: Completion: A total of 75% (18/24) of treatment groups completed 6/6 lessons within 9 weeks. 1 failed to start programme. Baseline: No between group differences on demographic characteristics, pre-treatment measures or pre-treatment expectations	**Data Used** Remission: GAD-7 score < 10 Response = >50% reduction of pre-treatment GAD-7 Penn State Worry Questionnaire Patient health questionnaire-item 9 GAD-7 item **Data Not Used** Sheehan Disability Scale (SDS) Notes: Taken at pre and post (9 weeks). No follow-up analysis. DROP OUTS: CCBT: 1/25 did not start programme, 6/24 started but dropped out, WLC: 2/23 did not complete pre-treatment questionnaires, 2/21 did not complete post-treatment questionnaires	**Group 1 N= 25** CCBT. Mean dose 6 sessions - Consisted of following for each lesson: a homework assignment ; an online discussion forum; and instant messaging to allow secure email-type messages with a clinician. Clinician (clinical psychologist) spent 22 mins per session with client . **Group 2 N= 23** Waiting-list control. Mean dose 9 weeks	Quality assessed: Selection bias = low risk of bias, performance bias = low risk, attrition bias= unclear risk, detection bias = unclear risk. FUNDING: Australian Rotary Health Research Fund
Results from this paper: Treatment effective				
VANBOIEJEN2005 Study Type: RCT Study Description: To compare the effectiveness and feasibility of guided self-help, the anxiety disorder guidelines of the Netherlands College of GPs & CBT. Type of Analysis: Intention to treat (LOCF) Blindness: No mention Duration (days): Mean 84 Followup: Follow up at 3 & 9 months (both extractable) Setting: Secondary care, participants recruited from 46 GP practices in Netherlands Notes: RANDOMISATION:Computerised randomisation, assignments were put in sequentially numbered, sealed, opaque envelope by an independent statistician Info on Screening Process: 287 screened, 145 excluded: 63 refused to participate, 70 did not meet the inclusion criteria, 5 did not receive treatment (either misdiagnosed or refused), 11 did not fill out pretest scores	n= 142 Age: Mean 38 Range 18- Sex: 53 males 89 females Diagnosis: 100% Anxiety disorders by DSM-IV Exclusions: a) the presence of an organic mental disorder; mental retardation or a psychotic disorder; b) treatment of anxiety disorders in the recent past; c) use of antidepressants or the use of more than 30 mg oxazepam equivalents daily. Notes: 142 primary care patients with PD (N=32), PD + agoraphobia (66), GAD (44), PD + GAD (40) Baseline: Comparable on all possible confounding & prognostic factors. Mean duration of disorder: 6-10 yrs	**Data Used** Beck Depression Inventory Penn State Worry Questionnaire STAI-trait STAI-S Notes: Taken at pretest, 12 weeks (post-test), 3 months & 9 months follow up. DROP OUTS: manual = 6/53 (11%), CBT = 9/63 (14%), TAU = 2/26 (8%), Completors: Manual = 47/53, CBT = 54/63, TAU = 24/26	**Group 1 N= 53** Bibliotherapy-guided & CBT based. Mean dose five 20 min sessions) - Carried out by a GP (received 2 educational meetings on diagnosis & treatment of anxiety & supervision every 2 months). Participants put techniques into practice for 3 hours per week. GP reinforced achievements & motivated them. **Group 2 N= 63** CBT. Mean dose 12 45 min sessions - Carried out by a CBT therapist (extensive experience in treatment of anxiety, also supervised by one of the authors weekly). Also practiced for 3 hours a week. Received a handbook, behavioural experiments & in vivo exposure exercises	Quality assessed: selection bias = low risk of bias, performance bias = unclear, attrition = low, detection = unclear. FUNDING: Netherlands organization.

			Group 3 N= 26 Treatment as usual. Mean dose 12 weeks - Carried out by a GP & based on CBT principles. GPs received same training as before. GP was free to choose no. of sessions & intervention & was allowed to refer the patient for relaxation or psychiatric treatment & to prescribe antidepressants or benzos	
Results from this paper: TAU condition is quite unstructured compared with group 1 and 2. Three treatment groups differ mainly in intensity and complexity Conclusions: Three treatments didn't differ significantly				
WHITE1992a Study Type: Quasi-randomised Study Description: Examined the efficacy of either cognitive, behavioural, CBT, or placebo versions of 'stress control' large group didactic therapy Type of Analysis: Completors Blindness: No mention Duration (days): Mean 42 Followup: 6 months (data available for extraction) Setting: Secondary care, participants referred by GPs in Scotland. Notes: Randomisation: Patients were referred in batches to whichever therapy course was scheduled next. Info on Screening Process: 167 screened, 58 excluded due to not meeting criteria	n= 109 Age: Mean 38 Range 18-65 Sex: 30 males 79 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R Exclusions: Not given a primary diagnosis of GAD, not in 18-65 age range, previous contact with a clinical psychology department, concurrent therapy from clinical psychology or psychiatry or previous experience of CBT, taking psychotropic medication at irregular dosages throughout therapy, anxiety severity level over 5, no written consent from patient or GP Notes: DROP OUTS: Placebo = 0/10, BT = 5/31 (15%), WLC = 0/11, CBT = 4/26 (16%), CT = 4/31 (12%). 110/119 participants completed the course (i.e. attended 5 or more sessions/6). Baseline: No significant differences found	**Data Used** Modified somatic perception questionnaire Fear survey Schedule -III STAI-T Dysfunctional Attitude Scale Beck Depression Inventory Notes: Taken at baseline, 6 weeks and 6 months follow up. Therapist involvement: 2 therapists offered 12 hours of therapy between 24 patients (half an hour of therapy each).	**Group 1 N= 10** Behaviour therapy version of 'stress control'. Mean dose 6 - (subconscious retraining) patients were told they were listening to apparent 'subliminal anti-anxiety messages' on tapes, but in fact there was none present. Involved 6x2hour evening sessions. No details provided on therapist competence. **Group 2 N= 31** Behaviour therapy version of 'stress control'. Mean dose 6 - Involved progressive muscular relaxation, functional analysis, targeting and graded exposure, behavioural relaxation training and behaviou treatment of panic. **Group 3 N= 11** Waiting-list control. Mean dose 6 - Joined second CT course after 6 weeks **Group 4 N= 26** CBT version of 'stress control'. Mean dose 6 - involved an amalgam of the techniques from behaviour & cognitive versions of stress controll large group didatic therapies. (equivalent to Kitchiners CBT group) **Group 5 N= 31** Cognitive therapy version of 'stress control'. Mean dose 6 - involved the identification and monitoring of automatic thoughts, rational re-appraisal of these and of dysfunctional attitudes. No relaxation or behavioural tech involved.	FUNDING: Lanarkshire health board, Quality assessed: Selection bias= high risk, performance bias: unclear risk, attrition bias = unclear risk, detection bias = unclear risk of bias.
Results from this paper: Main components: 1) review; 2) education (talk given on topic each session); 3) threapy; 4) workshop-for practice; 5) HW assignments - reviews to consolidate; and participants are given booklets for each treatment				

NB: psychologist role as educator, organise self help service, instead of being the therapist Conclusions: All treatments are effective, but not statistically significantly different from each other				
WHITE1995 Study Type: RCT Study Description: Tested the efficacy of a self-help anxiety management package amongst individuals meeting DSM-III-R criteria for anxiety disorders Type of Analysis: Completor Blindness: No mention Duration (days): Mean 90 Followup: no follow up data extractable Setting: Secondary care, participants referred by GPs in UK Notes: RANDOMISATION: No details provided Info on Screening Process: 97 screened, 35 excluded: 8 refused to enter project, 9 did not reply, & 18 did not reach diagnostic or severity criteria.	n= 62 Age: Mean 38 Range 18-65 Sex: 26 males 36 females Diagnosis: 100% Anxiety disorders by DSM-III-R Exclusions: a) not meeting diagnostic criteria for any DSM-III-R anxiety disorder as the prinicpal diagnosis; b) a GSI score less than 63 on the SCL90-R; c) a score of less than 11 on the HADS (anxiety); d) not aged between 18-65; e) previous contact with a clinical psychologist; f) concurrent treatment from clinical psychology or psychiatry, or previous experience of CBT; g) recent change in psychotropic medication; h) evidence of psychotic, alcohol or drug problems or no written informed consent from patients Notes: 44% had GAD as a primary diagnosis Baseline: Groups were comparable on all baseline stats. Completion rates: Advice only (info control) = 18/20, WLC = 3/17, Stresspac = 100%	**Data Used** Remission (score of less than 8 on HAD-ANX scale) Hospital Anxiety and Depression Scale (depression) Hospital Anxiety and Depression Scale (anxiety) SCL-90R- Positive symptoms toal scores SCL-90 General Severity index ADIS-R (clinical severity) Notes: Outcomes extracted at baseline & post-therapy (after 3 months). No follow up extractable as placed in high intensity therapy after 3 months. Drop outs: IC = 2/20, WLC = 3/20, B = 0/21	**Group 1 N= 21** Bibliotherapy-unguided. Mean dose Number of sessions unclear - "Stresspac" Consisted of a booklet & a tape. Treatment is based on CBT principles including exposure, desensitize,advice & relaxation. 30 mins of a description of pack & how to use given beforehand. No advice on dealing with specific problems was offered. **Group 2 N= 20** Information control. Mean dose 3 months (no details on sessions) - Were offered specific verbal advice on ways of coping, with specific problems elicited during assessment. No written or taped material was offered **Group 3 N= 20** Waiting-list control. Mean dose 3 months - Had no contact with the therapist during the 3 months wait.	Quality assessed: Selection bias = unclear, performance bias = unclear, attrition bias = unclear, detection bias = unclear; 100% completion
Results from this paper: Treatment aim: see if low intensity treatment is beneficial while ppl wait for high intensity treatment. Conclusions: Stresspac effective and serve as good pretreatment for a high intensity treatment				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
AGNIHOTRI2007	Biofeedback training-not low intensity
BENSON1978	Outcomes were not relevant or comparable
CALEAR2009	Participants were under 18
CANTER1975	No control group
CAVANAGH2006	Open trial
CRAGAN1984	Non-clinical sample
CRITSCHRISTOPH1996	High intensity intervention & non-RCT
CUNNINGHAM2007	Participants were under 18
DEBERRY1989	Non-clinical sample
DEFFENBACHER1979	Non-clinical sample
DENBOER2007	High intensity psychological intervention & no/few GAD
DONKER2009	Study protocol, subclinical population
DONNAN1990	No data available

DRAPER2008a	N<3
FANGET1999	Social phobia only & French
FINCH2000	Study design, outcomes not comparable & subclinical
FLANDERS1987	Non-clinical population
FLETCHER2005	Mixed anxiety & depression
GOLDMAN2007	Non-clinical population
HELBIG2007	In german
HOLDSWORTH1996	No SD or p values reported. Contacted author, but retired.
HUTCHINGS1980	Non-clinical population
JANNOUN1982a	Diagnostic crteria & high intensity
KUPSHIK1999	Data not extractable
LANGE2004	In german
LEARMONTH2008	Non-RCT
LEBOEUF1980	No control group
LEE2007A	High intensity intervention
LEHRER1983	Non-clinical sample
LESTE1984	Non-clinical sample
LEWIS1978	Non-clinical population
MARKS2003	Open trial
MARKS2004A	Insufficient amount of clients who had GAD
MARTINSEN1989	Outcomes not comparable and not extractable.
MCENTEE1999	Data not extractable
MEAD2005	Mixed anxiety & depression
MEROM2008	Low intensity intervention as an adjunct to a high intensity intervention
MILNE1988	n<10 in each group
MORRISON1983	Non-RCT, subclinical population, no description of therapies
NAKAHARA2007	n<10 in each group
NUEVO2004	Non-RCT, in Spanish
O'NEIL1999	n<10 in each group. Also, subclinical sample
PALLESCHI1998	Open trial
PHONGSAVAN2002	Process evaluation, no intervention
PHONGSAVAN2008	Low intensity intervention as an adjunct to a high intensity intervention
PROUDFOOT2003A	Data included in Proudfoot 2004 paper
PROUDFOOT2004	Mixed anxiety & depression
PURVES2009	Open trial
RADLEY1997	Within subject changes. Also only 9 participants
REEVES2005	Study design-no control, non randomized
RICHARDS2003	Mixed anxiety & depression

RIVA2009	Study protocol only
ROBB2000	Study design, subclinical population
SALEMINK2009	Subclinical population & not a low intensity intervention
SALLIS1983	Less than 10 participants in each arm
SARKAR1999	Not a low intensity intervention
SCHNEIDER 2005a	No GAD clients
STEPTOE1989	Non-clinical population
TAKAISHI2000	No relevant outcomes
TELLO2002	Non-randomized, Spanish, protocol
THOMAS1978	Non-clinical population
TOWNSEND1975	Biofeedback- not low intensity
TYRER1988	Data not extractable
TYRER1993	Outcomes are irrelevant & not comparable
WHITE2000	Uncontrolled trial
WOOD2005	Pilot study, no diagnosis

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