Completed methodology checklists for economic studies

Low intensity psychological interventions for Generalised Anxiety Disorder

	y: Guideline cost analyses		
Econ	omic Question: pure self help, guided bibliotherapy and psycholo	gical group versu	is waiting list
	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Partly	People with pure GAD, mixed anxiety disorders or both populations
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	NA	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement: Directly applicable		
	comments:		
Secti	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Short time horizon- intervention period
2.2		No NA	
	differences in costs and outcomes?		
2.3	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source?	NA	
2.3 2.4 2.5	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best	NA NA	
2.3	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source?	NA NA NA	Intervention costs
2.3 2.4 2.5 2.6 2.7	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included?	NA NA NA Partly	Intervention period Intervention costs only Based on RCT data and GDG expert opinion
2.3 2.4 2.5 2.6 2.7	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Is an appropriate incremental analysis presented or can it be calculated from the data?	NA NA NA Partly Partly	Intervention period Intervention costs only Based on RCT data and GDG expert opinion
2.3 2.4 2.5 2.6 2.7	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Is an appropriate incremental analysis presented or can it be calculated from the data? Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	NA NA NA Partly Partly Yes	Intervention period Intervention costs only Based on RCT data and GDG expert opinion
2.3 2.4 2.5 2.6 2.7 2.8 2.9	differences in costs and outcomes? Are all important and relevant health outcomes included? Are the estimates of baseline health outcomes from the best available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Is an appropriate incremental analysis presented or can it be calculated from the data? Are all important parameters whose values are uncertain subjected	NA NA Partly Partly Yes NA	Intervention period Intervention costs only Based on RCT data and GDG expert opinion UK national sources Range of costs

Study	r: Guideline economic model		
Econ	omic Question: cCBT versus waiting list for people with GAD		
	on 1: Applicability (relevance to specific guideline review ion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	People with GAD
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon less than one year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	SF-6D scores
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	SF-6D algorithm
1.10	Overall judgement: Directly applicable		
	comments:		
Section	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Based on RCT data, a national survey and GDG expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	UK national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Probabilistic analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: Minor limitations		
Other	comments:		

High intensity psychological interventions for Generalised Anxiety Disorder

Study: Heuzenroeder *et al.* (2004) Cost-effectiveness of psychological and pharmacological interventions for generalized anxiety disorder and panic disorder. Australian and New Zealand Journal of Psychiatry 38: 602-612

	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	Patients with GAD
1.2	Are the interventions appropriate for the guideline?	Partly	Standard care in Australia
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia – public funded system but standard care may differ
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Direct healthcare costs, including patient expenses
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 12 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Unclear	Dutch utility scores used
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	No	Dutch weightings

Other comments: standard care in Australia was defined as a mixture of non-evidence-based medicine delivered by GPs and evidence-based medicine

Econ	omic Question: CBT and AR versus waiting list		
Secti ques	Section 1: Applicability (relevance to specific guideline review question and the NICE reference case) Yes/ Partly/ No/Unclear/NA		
1.1	Is the study population appropriate for the guideline?	Yes	Patients with GAD
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	NA	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	Overall judgement: Directly applicable		
	comments:		
Secti	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Short time horizon - intervention period
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	NA	
2.6	Are all important and relevant costs included?	Partly	Intervention costs only
2.7	Are the estimates of resource use from the best available source?	Partly	Based on RCT data and GDG expert opinion
~ ~	Are the unit costs of resources from the best available source?	Yes	UK national source
2.8	Is an appropriate incremental analysis presented or can it be	NA	
2.8	calculated from the data?		<u> </u>
		partly	Range of costs provided

Pharmacological interventions for Generalised Anxiety Disorder

Study: Guest et al. (2005) Cost-effectiveness of venlafaxine XL compared with diazepam in the treatment of generalised anxiety disorder in the United Kingdom. European Journal of Health Economics 6: 136-145 Economic Question: Venlafaxine XL versus diazepam for GAD Yes/ Partly/ Section 1: Applicability (relevance to specific guideline review Comments question and the NICE reference case) No/Unclear/NA Is the study population appropriate for the guideline? Yes Patients with GAD 1.2 Are the interventions appropriate for the guideline? Yes Is the healthcare system in which the study was conducted 1.3 Yes UK study sufficiently similar to the current UK NHS context? Are costs measured from the NHS and personal social services Direct healthcare 1.4 Yes (PSS) perspective? costs Are all direct health effects on individuals included? Yes 1.5 Are both costs and health effects discounted at an annual rate of NA Time horizon 24 3.5%? weeks Is the value of health effects expressed in terms of quality-adjusted 1.7 Nο life years (QALYs)? Are changes in health-related quality of life (HRQoL) reported NA directly from patients and/or carers? Is the valuation of changes in HRQoL (utilities) obtained from a NA representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality Section 2: Study limitations (level of methodological quality) Yes/ Partly/ Comments No/Unclear/NA Does the model structure adequately reflect the nature of the Yes health condition under evaluation? Is the time horizon sufficiently long to reflect all important Yes 6 months relapses considered differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? Partly Impact of side effects on HRQoL not considered Are the estimates of baseline health outcomes from the best Partly RCT available source? 2.5 Are the estimates of relative treatment effects from the best Yes RCT available source? 2.6 Are all important and relevant costs included? Partly Costs of treating side effects not considered but probably not substantial 2.7 Are the estimates of resource use from the best available source? Partly Expert panel Are the unit costs of resources from the best available source? Yes National sources 2.8 Is an appropriate incremental analysis presented or can it be Yes 2.9 calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected No Limited sensitivity to appropriate sensitivity analysis? analysis Is there no potential conflict of interest? Study funded by No Wyeth Pharmaceuticals 2.12 Overall assessment: Potentially serious limitations

Other comments:

Study: Heuzenroeder *et al.* (2004) Cost-effectiveness of psychological and pharmacological interventions for generalized anxiety disorder and panic disorder. Australian and New Zealand Journal of Psychiatry 38: 602-612

Economic Question: Venlafaxine and CBT versus standard care for GAD

	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	Patients with GAD
1.2	Are the interventions appropriate for the guideline?	Partly	Standard care in Australia
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia – public funded system but standard care may differ
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Direct healthcare costs, including patient expenses
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 12 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Unclear	Dutch utility scores used
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	No	Dutch weightings

1.10 Overall judgement: Not applicable

Other comments: standard care in Australia was defined as a mixture of non-evidence-based medicine delivered by GPs and evidence-based medicine

Study: Iskedjian et al. (2008) Cost-effectiveness of escitalopram for generalized anxiety disorder in Canada. Current Medical Research and Opinion 24 (5): 1539-48. Economic Question: Escitalopram versus paroxetine for GAD Section 1: Applicability (relevance to specific guideline review Yes/ Partly/ Comments question and the NICE reference case) No/Unclear/NA Is the study population appropriate for the guideline? Yes Patients with GAD Are the interventions appropriate for the guideline? 1.2 Yes Is the healthcare system in which the study was conducted 1.3 Partly Canada – primary sufficiently similar to the current UK NHS context? care setting, public funded system 1.4 Are costs measured from the NHS and personal social services Direct healthcare Yes (PSS) perspective? costs Are all direct health effects on individuals included? 1.5 Yes 1.6 Are both costs and health effects discounted at an annual rate of NA Time horizon 6 3.5%? months 1.7 Is the value of health effects expressed in terms of quality-adjusted No life years (QALYs)? Are changes in health-related quality of life (HRQoL) reported NA 1.8 directly from patients and/or carers? Is the valuation of changes in HRQoL (utilities) obtained from a NA representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality Section 2: Study limitations (level of methodological quality) Yes/ Partly/ Comments No/Unclear/NA Does the model structure adequately reflect the nature of the health condition under evaluation? Is the time horizon sufficiently long to reflect all important 2.2 Partly 24 weeks - relapses differences in costs and outcomes? not considered 2.3 Are all important and relevant health outcomes included? Partly Impact of side effects on HRQoL not considered Are the estimates of baseline health outcomes from the best Partly RCT & literature available source? review 2.5 Are the estimates of relative treatment effects from the best Partly RCT and literature available source? review Are all important and relevant costs included? Costs of treating 2.6 Partly side effects not considered but probably not substantial Are the estimates of resource use from the best available source? Partly Expert panel Are the unit costs of resources from the best available source? Yes National sources 2.8 Yes 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected No Limited sensitivity to appropriate sensitivity analysis? analysis Is there no potential conflict of interest? Study funded by H. No Lundbeck 2.12 Overall assessment: Potentially serious limitations Other comments:

Study: Jørgensen *et al.* (2006) Cost-effectiveness analysis of escitalopram compared with paroxetine in treatment of generalized anxiety disorder in the United Kingdom. Annals of Pharmacotherapy 40: 1752-1758

Economic Question: Escitalopram versus paroxetine for GAD

	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	Patients with GAD
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK NHS (and societal) perspective
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	Direct healthcare costs
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	Escitalopram dominant
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	

1.10 Overall judgement: Directly applicable

Other comments: no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality

Section 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	36 weeks - relapses considered
2.3 Are all important and relevant health outcomes included?	Partly	Impact of side effects on HRQoL not considered
2.4 Are the estimates of baseline health outcomes from the best available source?	Partly	RCT
2.5 Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6 Are all important and relevant costs included?	Partly	Costs of treating side effects not considered but probably not substantial
2.7 Are the estimates of resource use from the best available source?	Partly	Previous NICE guideline recommendations & expert opinion
2.8 Are the unit costs of resources from the best available source?	Yes	National sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Limited sensitivity analysis
2.11 Is there no potential conflict of interest?	No	Study funded by H. Lundbeck
2.12 Overall assessment: Potentially serious limitations		

Other comments:

anxie	Study: Vera-Llonch <i>et al.</i> (2010) Cost-effectiveness of pregabalin versus venlafaxine in the treatment of generalized anxiety disorder: findings from a Spanish perspective. European Journal of Health Economics, 11, 35-44			
Economic Question: Venlafaxine XL versus pregabalin for GAD				
Section quest	on 1: Applicability (relevance to specific guideline review ion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments	
1.1	Is the study population appropriate for the guideline?	Yes	People with GAD	
1.2	Are the interventions appropriate for the guideline?	Yes		
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Spanish study	
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	3 rd party payer perspective - healthcare costs considered	
1.5	Are all direct health effects on individuals included?	Yes		
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 1 year	
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes		
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes		
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Partly	Yes, but Spanish public	
	Overall judgement: Partially applicable			
	comments: on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments	
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Partly	See below	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	12 months; relapse after 8-weeks not considered	
2.3	Are all important and relevant health outcomes included?	Partly	Impact of side effects on HRQoL not considered	
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	RCT	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT	
2.6	Are all important and relevant costs included?	Partly	Costs of treating side effects not considered but probably not substantial	
2.7	Are the estimates of resource use from the best available source?	Partly	Published and unpublished data	
2.8	Are the unit costs of resources from the best available source?	Yes	National Spanish sources	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes		
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes		
2.11	Is there no potential conflict of interest?	No	Study funded by Pfizer, Inc	
	Overall assessment: Potentially serious limitations			
Other	comments:			

Study	r: Guideline economic model		
	omic Question: pharmacological interventions for people with GA	/D	
Secti	on 1: Applicability (relevance to specific guideline review ion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	People with GAD
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon less than one year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	SF-6D scores
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	SF-6D algorithm
1.10	Overall judgement: Directly applicable		
	comments:	LV (D (L)	1
Secti	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	42 weeks – relapse considered
2.3	Are all important and relevant health outcomes included?	Partly	Impact of tolerable side effects on HRQoL not considered
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Partly	Costs of treating side effects not considered but probably not substantial
2.7	Are the estimates of resource use from the best available source?	Partly	Based on RCT data, a national survey and GDG expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	UK national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Probabilistic analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: Minor limitations		
Other	comments:		

Computerised Cognitive Behavioural Therapy for panic disorder

	omic Question: cCBT (Panic Online, PO) vs. therapist-assisted, self-a	administered CBT (self-CBT) vs.
	nation control (IC) on 1: Applicability (relevance to specific guideline review	Yes/ Partly/	Comments
	tion and the NICE reference case)	No/Unclear/NA	Comments
.1	Is the study population appropriate for the guideline?	Yes	People with panic disorder
.2	Are the interventions appropriate for the guideline?	Yes	
.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australian study
.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Intervention costs only (narrow perspective)
.5	Are all direct health effects on individuals included?	Yes	. ,
.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 weeks
.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
8.1	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
.10	Overall judgement: Partially applicable		
	comments:		
Secti	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	6 weeks
	Are all important and relevant health outcomes included?	Partly	Yes, various outcomes on panic anxiety, cognition
2.3		Partly	RCT
2.4	Are the estimates of baseline health outcomes from the best available source?	Í	
2.4	available source? Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.4	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included?	Yes Partly	Only intervention costs
.4	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source?	Yes Partly Yes	Only intervention costs RCT
2.4	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included?	Yes Partly	Only intervention costs RCT Possibly local costs
2.4	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes Partly Yes No NA	Only intervention costs RCT Possibly local cost: Cost-consequence analysis
2.4	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Is an appropriate incremental analysis presented or can it be	Yes Partly Yes No	Only intervention costs RCT Possibly local cost: Cost-consequence

Deleted: Study: Kaltenthaler et al. (2006) Computerised cognitive behaviour therapy for depression and anxiety update: a systematic review and economic evaluation.

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Study: Mihalopoulos *et al.* (2005) Exploratory economic analyses of two primary care mental health projects: implications for sustainability. Medical Journal of Australia 2005; 183:S73-S76.

Economic Question: cCBT (Panic on-line) versus standard care for panic disorder

	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	Patients with panic disorder
1.2	Are the interventions appropriate for the guideline?	Partly	Standard care in Australia
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia – public funded system but standard care may differ
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Direct healthcare costs, including patient expenses
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 12 weeks
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Unclear	Dutch utility scores used
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	No	Dutch weightings

1.10 Overall judgement: Not applicable

Other comments: standard care in Australia was defined as a mixture of non-evidence-based medicine delivered by GPs and evidence-based medicine

-	y: Guideline economic model		
Econ	omic Question: cCBT packages versus waiting list or CBT for pec	ple with panic dis	sorder
	on 1: Applicability (relevance to specific guideline review tion and the NICE reference case)	Yes/ Partly/ No/Unclear/NA	Comments
1.1	Is the study population appropriate for the guideline?	Yes	People with panic disorder
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon less than one year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	EQ-5D scores
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	EQ-5D algorithm
1.10	Overall judgement: Directly applicable		
	comments:	T	Т _
Section	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Based on RCT data, a national survey and GDG expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	UK national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Probabilistic analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: Minor limitations		
Other	comments:		

Page 11: [1] Deleted ifigeneia 16/09/2010 01:06:00 Study: Kaltenthaler et al. (2006) Computerised cognitive behaviour therapy for depression and anxiety update: a systematic review and economic evaluation. Health Technology Assessment Vol 10: No 33 1-186 Economic Question: cCBT (FearFighter) vs. clinician-led CBT vs. relaxation for people with panic phobia Yes/ Partly/ Section 1: Applicability (relevance to specific guideline review Comments question and the NICE reference case) No/Unclear/NA Is the study population appropriate for the guideline? Partly People with panic phobia Are the interventions appropriate for the guideline? 1.2 Yes Is the healthcare system in which the study was conducted 1.3 Yes UK study sufficiently similar to the current UK NHS context? 1.4 Are costs measured from the NHS and personal social services Yes Direct healthcare (PSS) perspective? costs Are all direct health effects on individuals included? 1.5 Yes Are both costs and health effects discounted at an annual rate of Time horizon 24 1.6 NA 3.5%? weeks 1.7 Is the value of health effects expressed in terms of quality-adjusted Yes life years (QALYs)? Are changes in health-related quality of life (HRQoL) reported 1.8 Yes directly from patients and/or carers? Is the valuation of changes in HRQoL (utilities) obtained from a 1.9 EuroQol tariffs; Yes representative sample of the general public? EuroQol profiles from European survey 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) Yes/ Partly/ Comments No/Unclear/NA Does the model structure adequately reflect the nature of the 2.1 Yes health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important Partly 12 months - future differences in costs and outcomes? HRQoL & costs not considered QALYs estimated 2.3 Are all important and relevant health outcomes included? Partly from data on the self-reported global phobia item 2.4 Are the estimates of baseline health outcomes from the best Partly RCT available source? Are the estimates of relative treatment effects from the best RCT 2.5 Yes available source? 26 Are all important and relevant costs included? Yes Are the estimates of resource use from the best available source? 2.7 Partly RCT & info from manufacturers & assumptions

Study: McCrone *et al.* (2009) Computer-Aided Self-Exposure Therapy for Phobia/Panic Disorder: A Pilot Economic Evaluation. Cognitive Behavioural Therapy, 18, 1-9.

National sources

Yes

Yes

Yes

Yes

Are the unit costs of resources from the best available source?

Are all important parameters whose values are uncertain subjected

Is an appropriate incremental analysis presented or can it be

calculated from the data?

to appropriate sensitivity analysis?

Is there no potential conflict of interest?

2.12 Overall assessment: Minor limitations

2.8

2.9

2.10

Other comments:

Section 1: Applicability (relevance to specific guideline review question and the NICE reference case) Yes/ Partly/ No/Unclear/NA			Comments
1.1	Is the study population appropriate for the guideline?	Partly	People with panic or phobic disorder
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Intervention costs only (narrow perspective)
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 14 weeks
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
	Overall judgement: Partially applicable		
	comments:	T	Г _
Secti	on 2: Study limitations (level of methodological quality)	Yes/ Partly/ No/Unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Only 14 weeks
2.3	Are all important and relevant health outcomes included?	Partly	Main symptoms & global phobia ratings
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Partly	Only intervention costs
2.7	Are the estimates of resource use from the best available source?	Partly	RCT & assumptions from published literature
		V	National sources
2.8	Are the unit costs of resources from the best available source?	Yes	
2.8 2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
	Is an appropriate incremental analysis presented or can it be		Not all options directly compared Intellectual property