Author(s): Date: 2010-04-14 Question: Should CBT vs comparator be used for GAD? Settings:

Settings: Bibliography: . Psychological therapies for Generalized anxiety disorder. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

			0						Summary	of findings		
			Quality asses	ssment			No o	f patients		Effect		Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	comparator	Relative (95% CI)	Absolute	Quality	importance
Anxiety (SELF-rated) -	CBT vs WLC (B	etter indicated by	lower values)								
10	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	199	199	-	SMD 0.63 lower (0.83 to 0.42 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (SELF-rated) -	CBT vs AR (Bet	ter indicated by lo	wer values)							•	
8	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	154	149	-	SMD 0.01 lower (0.22 lower to 0.23 higher)	⊕⊕⊕O MODERATE	
Anxiety (SELF-rated) -	CBT vs psychod	ynamic therapy (I	Better indicated I	by lower values)			•		•	-	
2	randomised trials	no serious limitations	no serious inconsistency	serious ²	no serious imprecision	none	64	57	-	SMD 0.45 lower (0.81 to 0.08 lower)	⊕⊕⊕O MODERATE	
Anxiety (SELF-rated) -	CBT vs NDT (ac	dults) (Better indi	cated by lower va	alues)							
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	19	18	-	SMD 0.69 lower (1.35 to 0.02 lower)	⊕⊕⊕O MODERATE	
Anxiety (SELF-rated) -	CBT vs NDT (ol	lder adults) (Bette	r indicated by lo	wer values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	18	13	-	SMD 0.25 lower (0.97 lower to 0.46 higher)	⊕⊕⊕O MODERATE	
Anxiety (SELF-rated) -	CBT vs other ac	tive treatment (A)	(M) (Better indic	ated by lower va	lues)				•		
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	35	16	-	SMD 0.13 lower (0.78 lower to 0.53 higher)	⊕⊕OO LOW	
Anxiety (SELF-rated) -	CBT vs other ac	tive treatment (dis	scussion) (Better	indicated by lov	ver values)		•		•		
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	18	18	-	SMD 0.13 lower (0.78 lower to 0.53 higher)	⊕⊕OO LOW	
Anxiety (clinician rated	l) - CBT vs WLC	C (Better indicated	by lower values)							
11	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	237	237	-	SMD 1.09 lower (1.33 to 0.84 lower)	⊕⊕⊕O MODERATE	
Anxiety (clinician rated	l) - CBT vs AR (Better indicated b	y lower values)								
6	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	131	118	-	SMD 0.15 lower (0.4 lower to 0.1 higher)	⊕⊕OO LOW	
Anxiety (clinician rated	l) - CBT vs psyc	hodynamic therap	y (Better indicat	ed by lower valu	ies)						
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	64	57	-	SMD 0.46 lower (0.9 to 0.02 lower)	⊕⊕⊕⊕ HIGH	

Anxiety (clinician rated) - CBT vs NDT	Г (adults) (Better in	ndicated by lowe	er values)							
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	19	18	-	SMD 0.93 lower (1.61 to 0.25 lower)	⊕⊕⊕O MODERATE	
Anxiety (clinician rated) - CBT vs NDT	(older adults) (Be	etter indicated by	v lower values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	18	13	-	SMD 0.01 lower (0.72 lower to 0.7 higher)	⊕⊕⊕O MODERATE	
Non remi	ission - CBT vs	WLC						•		•		
5	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	65/130 (50%)		RR 0.62 (0.51 to 0.75)	321 fewer per 1000 (from 211 fewer to 414 fewer) 309 fewer per 1000 (from	⊕⊕⊕⊕ HIGH	
								81.3%		203 fewer to 398 fewer)		
Non resp	onse - CBT vs	1				1		1			,	
5	randomised trials	serious ³	serious ⁴	no serious indirectness	no serious imprecision	none	64/106 (60.4%)	107/113 (94.7%)	RR 0.67 (0.53 to 0.84)	312 fewer per 1000 (from 152 fewer to 445 fewer)	⊕⊕OO LOW	
								93.8%	,	310 fewer per 1000 (from 150 fewer to 441 fewer)		
Non resp	onse - CBT vs	1	1	1	1	1	l	•		r	т — т	
4	randomised trials	serious ³	no serious inconsistency	serious⁵	serious ¹	none	53/91 (58.2%)	42/87 (48.3%) 46.7%	RR 1.11 (0.86 to 1.44)	51 more per 1000 (from	⊕OOO VERY LOW	
Non room	onse - CBT vs	NDT (advilta)								65 fewer to 205 more)		
1 1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	12/23 (52.2%)	16/20 (80%)	RR 0.65 (0.42 to 1.02)	more)	⊕⊕OO LOW	
								72.5%		254 fewer per 1000 (from 421 fewer to 14 more)		
Non resp	onse - CBT vs	other active tre	atment (EUC)	<u>. </u>		1					<u> </u>	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	32/70 (45.7%)	33/64 (51.6%) 62.3%	RR 0.89 (0.63 to 1.26)	57 fewer per 1000 (from 191 fewer to 134 more) 69 fewer per 1000 (from 231 fewer to 162 more)	⊕⊕⊕O MODERATE	
Anxiety (clinician rated) - CBT vs othe	r active treatment	(AXM) (Better in	dicated by lowe	r values)	I			251 lewer to 102 mole)	11	
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	35	16	-	SMD 0.59 lower (1.19 lower to 0.01 higher)	⊕⊕OO LOW	
Depressi	on (self rated)	- CBT vs WLC	Better indicated b	y lower values)		·	·				· · · · · · · · · · · · · · · · · · ·	
10	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	201	200	-	SMD 0.81 lower (1.11 to 0.51 lower)	⊕⊕⊕⊕ HIGH	

Depression	n (clinician ra	ited) - CBT vs W	VLC (Better indica	ted by lower val	ues)						
			no serious inconsistency	no serious indirectness	no serious imprecision	none	94	97	-	$\begin{array}{c c} \text{SMD 0.74 lower (1.11} & \oplus \oplus \oplus \oplus \\ \text{to 0.36 lower)} & \text{HIGH} \end{array}$	
Depression	n (self rated) ·	- CBT vs AR (Be	etter indicated by	lower values)							
			no serious inconsistency	no serious indirectness	serious ¹	none	141	129	-	SMD 0.18 lower (0.5 $\oplus \oplus \oplus \odot$ lower to 0.13 higher) MODERATE	1
Depression	n (clinician ra	ted) - CBT vs A	R (Better indicate	d by lower value	es)						
			no serious inconsistency	serious ⁶	serious ¹	none	78	68	-	SMD 0.08 lower (0.4 $\oplus \oplus OO$ lower to 0.25 higher)LOW	
Depression	n (clinician ra	ited) - CBT vs N	IDT (Better indica	ted by lower val	ues)						
	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	19	18	-	$\begin{array}{cc} \text{SMD 0.71 lower (1.38} \\ \text{to 0.05 lower)} \end{array} \qquad $	
Depression	n (self rated) ·	- CBT vs Other	active treatments-	AXM (Better ind	licated by lower	values)					
		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	35	16	-	$\begin{array}{cc} \text{SMD 0.76 lower (1.37} & \oplus \oplus \oplus \\ \text{to 0.15 lower)} & \text{HIGH} \end{array}$	
Depression	n (self rated)	- CBT vs other a	active treatments-	Discussion (Bette	er indicated by l	ower values)				••	•
	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	18	18	-	SMD 0.27 lower (0.93 $\oplus \oplus OO$ lower to 0.39 higher)LOW	
Depression	n (self rated) ·	- CBT vs Psycho	odynamic therapy	(Better indicated	d by lower value	es)		•		••	•
			no serious inconsistency	serious ²	no serious imprecision	none	64	57	-	SMD 0.76 lower (1.21 $\oplus \oplus \oplus \odot$ to 0.31 lower)MODERATE	7
Depression	n (self rated) ·	- CBT vs Other	active treatments-	EUC (Better indi	icated by lower	values)					
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	66	50	-	SMD 0.34 lower (0.71 $\oplus \oplus \oplus \odot$ lower to 0.03 higher)MODERATE	1
Worry - Cl	BT vs WLC (B	etter indicated	by lower values)								
		no serious limitations	very serious ⁷	no serious indirectness	no serious imprecision	reporting bias ⁸	183	183	-	SMD 1.13 lower (1.58 to 0.68 lower) ⊕OOO VERY LOW	
Worry - CI	BT vs AR (Bet	ter indicated by	y lower values)	•							
		no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	130	119	-	SMD 0.02 lower (0.27 $\oplus \oplus \oplus \odot$ lower to 0.23 higher)MODERATE	
Worry - Cl	BT vs psychod	lynamic therap	y (Better indicated	l by lower value	s)						
		no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	29	28	-	SMD 0.32 lower (0.84 $\oplus \oplus \oplus \odot$ lower to 0.21 higher) MODERATE	1
Worry - Cl	BT vs other ac	tive treatments	-EUC (Better indi	cated by lower va	alues)						
		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	50	-	SMD 0.9 lower (1.29 to 0.52 lower) ⊕⊕⊕⊕ HIGH	
QOL - CB	Г vs WLC (Be	tter indicated b	y lower values)								
	randomised trials	no serious limitations	serious ⁴	serious ⁹	serious ¹	none	27	28	-	SMD 1.59 lower (3.77⊕OOOlower to 0.59 higher)VERY LOW	

QOL - CBT vs P	sychody	namic therapy	(Better indicated	by lower values)							
1 randor trials	mised s		no serious inconsistency	no serious indirectness	serious ¹	none	35	29	-	SMD 0.15 lower (0.34 lower to 0.65 higher)	⊕⊕OO LOW
QOL - CBT vs C	Other acti	ve treatments-	EUC (SF-12 Menta	1) (Better indicat	ed by lower valu	aes)					
1 randor trials			no serious inconsistency		no serious imprecision	none	66	50	-	SMD 0.47 lower (0.84 to 0.1 lower)	⊕⊕⊕ HIGH
QOL - CBT vs C	Other acti	ve treatments-	discussion group	(QOL-energy) (B	etter indicated b	y lower values)					
1 randor trials	mised s		no serious inconsistency	no serious indirectness	serious ¹	none	18	18	-	SMD 0.18 lower (0.84 lower to 0.47 higher)	⊕⊕OO LOW
Non response - (CBT vs N	IDT (older adu	ılts)								
1 randor trials			no serious inconsistency	no serious indirectness	serious ¹	none	21/26 (80.8%)	13/20 (65%)	RR 1.24 (0.86 to 1.8)	more)	⊕⊕⊕O MODERATE
								72.5%		174 more per 1000 (from 101 fewer to 580 more)	
Non response - (CBT vs o	ther active trea	tment (Discussion	n group)							· · · · · · · · · · · · · · · · · · ·
1 randoi trials	mised s		no serious inconsistency	no serious indirectness	serious ¹	none	20/26 (76.9%)	19/26 (73.1%)	RR 1.05 (0.77 to 1.44)	37 more per 1000 (from 168 fewer to 322 more)	⊕⊕OO LOW
							(76.9%)	62.3%	10 1.44)	31 more per 1000 (from 143 fewer to 274 more)	LOW
Anxiety (clinicia	an rated)	- CBT vs other	active treatment-	Discussion grou	p (Better indicate	ed by lower values	5)				
1 randor trials	mised s		no serious inconsistency	no serious indirectness	serious ¹	none	18	18	-	SMD 0.06 lower (0.72 lower to 0.59 higher)	⊕⊕OO LOW
Depression (self	f rated) -	CBT vs NDT (a	adults) (Better ind	icated by lower	values)						
1 randor trials	mised s		no serious inconsistency	no serious indirectness	no serious imprecision	none	19	18	-	SMD 0.9 lower (1.58 to 0.22 lower)	⊕⊕⊕O MODERATE
Depression (self	f rated) -	CBT vs NDT (older adults) (Bett	er indicated by l	ower values)						
1 randor trials			no serious inconsistency	no serious indirectness	serious ¹	none	18	13	-	SMD 0.24 higher (0.48 lower to 0.95 higher)	⊕⊕⊕O MODERATE
Depression (clir	nician rat	ed) CBT vs oth	er active treatmer	its (discussion g	oup) (Better ind	icated by lower va	lues)				· ·
1 randor trials	mised s		no serious inconsistency	no serious indirectness	serious ¹	none	18	18	-	SMD 0.33 lower (0.98 lower to 0.33 higher)	⊕⊕OO LOW
Worry - CBT vs	NDT (ol	der adults) (Be	tter indicated by l	ower values)							
1 randor trials			no serious inconsistency	no serious indirectness	serious ¹	none	18	13	-	SMD 0.06 lower (0.78 lower to 0.65 higher)	⊕⊕⊕O MODERATE
Worry - CBT vs	NDT (ad	ults) (Better in	dicated by lower	values)							
1 randor trials	mised s		no serious inconsistency	no serious indirectness	no serious imprecision	none	19	18	-	SMD 0.97 lower (1.65 to 0.28 lower)	⊕⊕⊕O MODERATE
Worry - CBT vs	other act	ive treatments	(discussion gp) (E	letter indicated b	y lower values)						
1 randor	mised s	serious ³	no serious	no serious	serious ¹	none	18	18	-	SMD 0.17 lower (0.82	⊕⊕OO

r									1			
	trials		inconsistency	indirectness						lower to 0.49 higher)	LOW	
QOL - C	CBT vs Other ac	ctive treatment	s-EUC (SF-12 Phys	ical) (Better ind	cated by lower	values)						
1	randomised	no serious	no serious	no serious	serious ¹	none	66	50		SMD 0.02 higher (0.34	$\oplus \oplus \oplus \Theta$	
	trials	limitations	inconsistency	indirectness			00	50	-	lower to 0.39 higher)	MODERATE	
QOL - C	BT vs Other ac	tive treatment	s-discussion group	o (QOL-Role fun	ctioning) (Bette	r indicated by low	ver values)					
1	randomised	serious ³	no serious	no serious	serious ¹	none	10	10		SMD 0.59 lower (1.26	⊕⊕OO	
	trials		inconsistency	indirectness			18	18	-	lower to 0.08 higher)	LOW	
QOL - C	CBT vs Other ad	tive treatment	s-discussion group	o (QOL-social ro	le) (Better indica	ated by lower valu	ies)	•	•			
1	randomised	serious ³	no serious	no serious	serious ¹	none	10	10		SMD 0.11 lower (0.76	⊕⊕OO	
	trials		inconsistency	indirectness			18	18	-	lower to 0.54 higher)	LOW	
Non rer	nission - CBT v	s AR	-								· · · ·	
4	randomised	no serious	serious ⁴	no serious	serious ¹	none				38 fewer per 1000		
	trials	limitations		indirectness			44/01	47/75	DD 0 04 (0 (2	(from 232 fewer to 257		
							44/81 (54.3%)	(62.7%)	RR 0.94 (0.63 to 1.41)	more)	⊕⊕OO LOW	
							(34.5%)	5.50/	10 1.41)	33 fewer per 1000 (from	LOW	
								55%		204 fewer to 225 more)		
Non rer	nission - CBT v	s other active f	reatment (discussi	ion gp)								
1	randomised	serious ³	no serious	no serious	serious ¹	none				40 fewer per 1000		
	trials		inconsistency	indirectness			12/26	13/26 (50%)	RR 0.92 (0.52	(from 240 fewer to 315	0000	
							(46.2%)		to 1.63)	more)	⊕⊕OO LOW	
							(40.2 %)	50%	10 1.03)	40 fewer per 1000 (from	LOW	
								50%		240 fewer to 315 more)		
Discont	inuation due to	any reason - C	CBT vs WLC					-	-			
12	randomised	no serious	no serious	no serious	no serious	none		31/258 (12%)		48 more per 1000 (from		
	trials	limitations	inconsistency	indirectness	imprecision		43/258	51/258 (12/8)	RR 1.4 (0.7	36 fewer to 215 more)	$\oplus \oplus \oplus \oplus$	
							(16.7%)	8.7%	to 2.79)	35 more per 1000 (from	HIGH	
								0.770		26 fewer to 156 more)		
Discont	inuation due to	any reason - C	CBT vs AR					_				
8	randomised	no serious	no serious	no serious	no serious	none		29/162		45 fewer per 1000		
	trials	limitations	inconsistency	indirectness	imprecision		21/172	(17.9%)	RR 0.75 (0.43	(from 102 fewer to 55	$\oplus \oplus \oplus \oplus$	
							(12.2%)	(17.570)	to 1.31)	more)	HIGH	
							(12.270)	17.4%	(0 1.01)	43 fewer per 1000 (from	mon	
								17.470		99 fewer to 54 more)		
Discont	inuation due to	J			1					1	1 2	
2	randomised	serious ^{3,10}	no serious	serious ¹¹	serious ¹	none		9/40 (22.5%)		4 more per 1000 (from		
	trials		inconsistency				12/49	·/ 10 (22.070)	· · · · ·	115 fewer to 252 more)	⊕000	
							(24.5%)	22.5%	to 2.12)	4 more per 1000 (from	VERY LOW	
								22.570		115 fewer to 252 more)		
Discont		5	CBT vs psychodyn	15				1	1		1 1	
2	randomised	no serious	no serious	no serious	serious ¹	none	6/69	12/73	RR 0.54 (0.21	76 fewer per 1000	$\oplus \oplus \oplus \Theta$	

	trials	limitations	inconsistency	indirectness ²			(8.7%)	(16.4%)	to 1.36)	(from 130 fewer to 59 more)	MODERATE	
								15.4%		71 fewer per 1000 (from 122 fewer to 55 more)		
Discont	inuation due to	any reason - C	BT vs other active	treatments-AXM	1							
L	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	4/40 (10%)	6/25 (24%)	RR 0.42 (0.13 to 1.33)	139 fewer per 1000 (from 209 fewer to 79 more)	⊕⊕OO LOW	
							(10 /0)	24%	10 1.55)	139 fewer per 1000 (from 209 fewer to 79 more)	LOW	
Discont	inuation due to	any reason - C	BT vs other active	treatments (EUC	2)	-			-			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	4/70 (5.7%)	14/64 (21.9%)	RR 0.26 (0.09 to 0.75)	iewer)	⊕⊕⊕⊕ HIGH	
							· · ·	24%	,	178 fewer per 1000 (from 60 fewer to 218 fewer)		
Discont	inuation due to	any reason - C	BT vs other active	treatments (Disc	cussion gp)							
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ¹	none	8/26	8/26 (30.8%)	RR 1 (0.44 to	0 fewer per 1000 (from 172 fewer to 388 more)	⊕⊕OO	
							(30.8%)	24%	2.26)	0 fewer per 1000 (from 134 fewer to 302 more)	LOW	
² duratio ³ High a ⁴ Moder ⁵ Half of ⁶ Treatn ⁷ High h ⁸ Funne ⁹ Treatn ¹⁰ High b	ttrition bias and ate heterogenei the trials were of nent varies and eterogeneity (>8 I plot inspected nent varies: CBT detection bias	is average of 1 completor anal ty (50-80%) Cognitive Thera include: Worry 80%) (egger's test p- and acceptant	5 wks and control i ysis apy while other half exposure, cognitive value=0.02)	were CBT therapy and ma								

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Bibliography: . Psychological therapies for Generalized anxiety disorder. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

			0						Summary	of findings		
			Quality asses	ssment			No o	f patients		Effect		Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	AR	comparator	Relative (95% CI)	Absolute	Quality	Importance
Anxiety (SELF-rated) -	AR vs WLC (Bet	tter indicated by lo	ower values)		•				•		
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	59	-	SMD 0.49 lower (0.86 to 0.13 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (SELF-rated) - A	AR vs NDT (Bet	ter indicated by lo	ower values)								
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	18	18	-	SMD 0.48 lower (1.14 lower to 0.19 higher)	⊕⊕OO LOW	
Anxiety (clinician rated	l) - AR vs WLC (Better indicated b	y lower values)								
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	61	-	SMD 1 lower (1.38 to 0.62 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (clinician rated	l) - AR vs NDT (Better indicated b	y lower values)								
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	18	18	-	SMD 0.82 lower (1.51 to 0.14 lower)	⊕⊕OO LOW	
Depressi	on (self rated)	- AR vs WLC (B	etter indicated by	lower values)		•				•		
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	42	40	-	SMD 0.54 lower (0.98 to 0.1 lower)	⊕⊕⊕⊕ HIGH	
Depressi	on (self rated)	- AR vs NDT (B	etter indicated by	lower values)	•	• • • •		•		,,		
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	18	18	-	SMD 0.36 lower (1.02 lower to 0.29 higher)	⊕⊕OO LOW	
Depressi	on (clinician ra	ated) - AR vs W	LC (Better indicate	ed by lower valu	es)					· · · · · · · · · · · · · · · · · · ·		
2	randomised trials	no serious limitations	serious ³	no serious indirectness	serious ²	none	53	51	-	SMD 0.47 lower (1.14 lower to 0.2 higher)	⊕⊕OO LOW	
Worry - A	R vs WLC (Be	etter indicated b	y lower values)									
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	50	-	SMD 0.7 lower (1.1 to 0.31 lower)	⊕⊕⊕⊕ HIGH	
Worry - A	AR vs NDT (Be	etter indicated b	y lower values)									
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	18	18	-	SMD 0.61 lower (1.28 lower to 0.06 higher)	⊕⊕OO LOW	
Non resp	onse - AR vs V	VLC										

	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	6/16 (37.5%)	20/20 (100%) 100%	RR 0.39 (0.21 to 0.72)	610 fewer per 1000 (from 280 fewer to 790 fewer) 610 fewer per 1000 (from 280 fewer to 790 fewer)	⊕⊕⊕O MODERATE
Non respo	onse - AR vs N	DT	•								
	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	10/23 (43.5%)	16/20 (80%)	RR 0.54 (0.32 to 0.91)	368 fewer per 1000 (from 72 fewer to 544 fewer)	⊕⊕⊕O MODERATE
							(10.0 %)	80%	(0 0.51)	368 fewer per 1000 (from 72 fewer to 544 fewer)	MODERITE
Discontin	uation due to	any reason - AI	R vs WLC		-			-			
	randomised trials	no serious limitations	serious ³	no serious indirectness	serious ²	none	15/70 (21.4%)	11/71 (15.5%)	RR 2.2 (0.37 to 13.19)	186 more per 1000 (from 98 fewer to 1889 more)	⊕⊕OO LOW
							(21.470)	3.2%	10 13.17)	38 more per 1000 (from 20 fewer to 390 more)	LOW
Discontin	uation due to	any reason - AI	R vs NDT								
	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	5/23 (21.7%)	2/20 (10%)	RR 2.17 (0.47 to 10)	117 more per 1000 (from 53 fewer to 900 more)	⊕⊕OO LOW
							(21.7 %)	10%	10 10)	117 more per 1000 (from 53 fewer to 900 more)	LOW

¹ High attrition bias and completor analysis ² 95% confidence interval include no effect ³ Moderate heterogeneity (50-80%)

Author(s): Date: 2010-04-14 Question: Should Psychodynamic therapy vs other comparator be used for GAD? Settings: Bibliography: . Psychological therapies for Generalized anxiety disorder. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

			0					Sun	nmary of fin	dings		
			Quality asse	ssment			No of pat	ients		Effect		Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychodynamic therapy	other comparator	Relative (95% CI)	Absolute	Quality	Importance
Anxiety -	- psychodynar	nic vs active co	ntrol (self rate) (Better indicated	by lower values	<u>s)</u>						
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	29	35	-	SMD 0.18 higher (0.31 lower to 0.67 higher)	⊕⊕OO LOW	
Anxiety -	- psychodynar	nic vs NDT (se	lf rate) (Better in	dicated by lowe	r values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	15	16	-	SMD 0.47 higher (0.24 lower to 1.19 higher)	⊕⊕⊕O MODERATE	2
Anxiety -	- psychodynar	nic vs active co	ntrol (clinician ra	ate) (Better indic	ated by lower v	values)						_
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	29	35	-	SMD 0.08 higher (0.41 lower to 0.57 higher)	⊕⊕OO LOW	
Anxiety -	- psychodynar	nic vs NDT (cli	inician rateI) (Be	ter indicated by	lower values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	15	16	-	SMD 0.25 lower (0.95 lower to 0.46 higher)	⊕⊕⊕O MODERATE	
Depressi	on - Psychody	namic therapy	vs active control	(self rate) (Bette	er indicated by I	lower values)						
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	29	16	-	SMD 0.24 higher (0.38 lower to 0.85 higher)	⊕⊕OO LOW	
Depressi	on - psychody	namic vs NDT	(self rate) (Bette	r indicated by lo	wer values)	•						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	15	16	-	SMD 0.12 higher (0.58 lower to 0.83 higher)	⊕⊕⊕O MODERATE	
Depressi	on - psychody	namic vs NDT	(clinician rate) (Better indicated	by lower value	s)						
1		no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	15	16	-	SMD 0.08 lower (0.78 lower to 0.63 higher)	⊕⊕⊕O MODERATE	
QOL - Ps	ychodynamic	therapy vs act	ive control (Bette	r indicated by lo	ower values)	•		·			•	

1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	29	16	-	SMD 0.01 lower (0.62 lower to 0.61 higher)	⊕⊕OO LOW	
Non rem	ission - Psych	odynamic vs N	NDT									
1		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	8/15 (53.3%)	14/16 (87.5%)	RR 0.61 (0.37 to	341 fewer per 1000 (from 551 fewer to 9 more)	$\oplus \oplus \oplus \oplus$	
							0/10(00.070)	87.5%	1.01)	341 fewer per 1000 (from 551 fewer to 9 more)	HIGH	
Disconti	nuation due to	o any reason- p	osychodynamic V	S active control								
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	9/45 (20%)	6/25 (24%)	RR 0.83 (0.34 to	41 fewer per 1000 (from 158 fewer to 257 more)	⊕⊕OO	
							9/43 (20%)	24%	2.07)	41 fewer per 1000 (from 158 fewer to 257 more)	LOW	
Disconti	nuation due to	any reason- p	osychodynamic V	S NDT	-							
1		no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	1/15 (6.7%)	2/16 (12.5%)	RR 0.53 (0.05 to	59 fewer per 1000 (from 119 fewer to 536 more)	⊕⊕⊕O	
							1/15 (0.7 %)	12.5%	(0.03 to 5.29)	59 fewer per 1000 (from 119 fewer to 536 more)	MODERATE	

¹ high attrition bias and completor analysis ² 95% confidence interval include no effect

Author(s): Date: 2010-04-14 Question: Should CBT vs WLC (subgroup analysis) be used for GAD? Settings: Bibliography: . Psychological therapies for Generalized anxiety disorder. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

			Quality asse	amant					Summary o	f findings		
			Quality asses	ssment			No	of patients		Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	WLC (subgroup analysis)	Relative (95% CI)	Absolute	Quality	Importance
Anxiety (SELF-rated) -	CBT vs WLC(ac	lults) (Better indi	cated by lower va	lues)							
7		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	137	127	-	SMD 0.59 lower (0.85 to 0.33 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (SELF-rated) -	CBT vs WLC (o	lder adults) (Bette	er indicated by lo	wer values)							
2		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	56	-	SMD 0.72 lower (1.12 to 0.32 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (SELF-rated) -	CBT vs WLC (in	ndiv sessions) (Be	tter indicated by	lower values)							
7		no serious limitations ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	141	135	-	SMD 0.56 lower (0.8 to 0.32 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (SELF-rated) -	CBT vs WLC (g	roup sessions) (Be	etter indicated by	v lower values)							
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	43	48	-	SMD 0.83 lower (1.26 to 0.39 lower)	⊕⊕⊕⊕ MODERATE	r+1
Anxiety (clinician rated	l) -CBT vs WLC	(adults) (Better in	ndicated by lowe	r values)							
8	randomised trials	no serious limitations	serious ²	no serious indirectness	no serious imprecision	none	175	165	-	SMD 1.14 lower (1.46 to 0.83 lower)	⊕⊕⊕O MODERATE	r+1
Anxiety (clinician rated	l) - CBT vs WLC	C (older adults) (B	etter indicated b	y lower values)				•		•	
2		no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	56	-	SMD 1.09 lower (1.58 to 0.59 lower)	⊕⊕⊕⊕ HIGH	
Anxiety (clinician rated	l) - CBT vs WLC	(indiv sessions)	(Better indicated	by lower values	s)						
8	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	179	173	-	SMD 1.08 lower (1.38 to 0.77 lower)	⊕⊕⊕O MODERATE	7
Anxiety (clinician rated	l) - CBT vs WLC	(group sessions)	(Better indicated	l by lower value	es)			•	•		
2	trials	serious ¹	no serious inconsistency	no serious indirectness ³	no serious imprecision	none	43	48	-	SMD 1.32 lower (1.78 to 0.86 lower)	⊕⊕⊕O MODERATE	r + 1
Depressi	on (self rated)	- CBT vs WLC	(adults) (Better in	dicated by lower	values)							
7		no serious limitations	serious ²	no serious indirectness	no serious imprecision	none	139	128	-	SMD 0.73 lower (1.13 to 0.33 lower)	⊕⊕⊕O MODERATE	
Depressi	on (self rated)	- CBT vs WLC	(older adults) (Bet	tter indicated by	lower values)							

	1	1		1							
2		no serious	no serious	no serious	no serious	none	47	56	_	SMD 0.84 lower (1.25	$\oplus \oplus \oplus \oplus$
	trials	limitations	inconsistency	indirectness	imprecision		1/	00		to 0.44 lower)	HIGH
Depressi	on (self rated)	- CBT vs WLC	(indiv sessions) (Better indicated	by lower values)					
7	randomised	no serious	serious ²	no serious	no serious	none	143	136	_	SMD 0.7 lower (1.08 to	$\oplus \oplus \oplus O$
	trials	limitations		indirectness	imprecision		145	130	-	0.32 lower)	MODERATE
Non rem	ission - CBT v	s WLC (adults)	•	-	-	-				•	• • •
3	randomised	no serious	serious ⁴	serious ³	no serious	none				327 fewer per 1000	
	trials	limitations			imprecision			56/65 (86.2%)		(from 52 fewer to 508	
					1		32/65	, , ,	RR 0.62	fewer)	⊕⊕OO
							(49.2%)		(0.41 to 0.94)	309 fewer per 1000	LOW
							. ,	81.3%	. ,	(from 49 fewer to 480	
										fewer)	
Depressi	on (self rated)	- CBT vs WLC(group sessions) (Better indicated	by lower values)				•	••
2	randomised	serious ¹	no serious	no serious	no serious	none	10	10		SMD 0.96 lower (1.4 to	$\oplus \oplus \oplus \oplus$
	trials		inconsistency	indirectness	imprecision		43	48	-	0.52 lower)	MODERATE
Depressi	on (clinician r	ated) - CBT vs V	VLC(adults) (Bett	er indicated by 1	ower values)		ļ			, ,	L
2	randomised	serious ¹	serious ²	serious ³	no serious	none		[[SMD 0.87 lower (1.63	⊕000
-	trials	serious	Serious	serious	imprecision	none	47	41	-	to 0.11 lower)	VERY LOW
Denressi		ated) - CBT vs V	VLC(older adults) (Better indicate	1	es)		L			[
2 epicool		serious ¹	no serious	no serious	no serious	none				SMD 0.59 lower (0.99	⊕⊕⊕O
2	trials	serious	inconsistency	indirectness	imprecision	none	47	56	-	to 0.19 lower)	MODERATE
Dommoroi		atad) CPT va I	VLC (indiv sessio		1	alwaa)		L	L	to 0.17 lower)	MODERNIE
Depressi		,		, ,	<u> </u>	· ·				CN (TD 0.04.1 /1.0/	
3		serious ¹	no serious	serious ³	no serious	none	76	76	-	SMD 0.84 lower (1.26	⊕⊕OO L OIM
_	trials		inconsistency		imprecision			<u> </u>		to 0.42 lower)	LOW
Depressi	, ,	,	VLC (group sessi	,,	5	alues)					
1		serious ¹	no serious	no serious	serious ⁵	none	18	21	_	SMD 0.4 lower (1.04	⊕⊕OO
	trials		inconsistency	indirectness			10			lower to 0.23 higher)	LOW
Worry - (CBT vs WLC (a	dults) (Better in	ndicated by lowe	r values)							
6	randomised	no serious	very serious ⁶	no serious	no serious	none	121	111	_	SMD 1.15 lower (1.81	⊕⊕OO
	trials	limitations		indirectness	imprecision		121	111	-	to 0.5 lower)	LOW
Worry - (CBT vs WLC (o	older adults) (Be	etter indicated by	lower values)							
2	randomised	no serious	no serious	no serious	no serious	none	47	54		SMD 0.89 lower (1.33	$\oplus \oplus \oplus \oplus$
	trials	limitations	inconsistency	indirectness	imprecision		47	56	-	to 0.46 lower)	HIGH
Worry - (CBT vs WLC (i	ndiv sessions) ((Better indicated	by lower values)	*		•			, ,	
6	,	no serious	serious ²	serious ³	no serious	none				SMD 1.16 lower (1.81	⊕⊕00
0	trials	limitations	o cirio do	serrous	imprecision	none	125	119	-	to 0.52 lower)	LOW
Worry - ((Better indicated	by lower values	1		1				
2		serious ¹	no serious	no serious	no serious	none				SMD 0.85 lower (1.28	$\oplus \oplus \oplus \oplus$
~	trials	Serious-	inconsistency	indirectness	imprecision	none	43	48	-		MODERATE
New			· · · · ·	mancences	mprecision		I	l		10 0.41 lower)	
Non rem	ission - CDT V	s WLC (older ad	uuns)								

2	randomised trials	no serious limitations		no serious indirectness	no serious imprecision	none	33/65 (50.8%)	53/64 (82.8%) 83.7%	RR 0.62 (0.47 to 0.8)	315 fewer per 1000 (from 166 fewer to 439 fewer) 318 fewer per 1000 (from 167 fewer to 444 fewer)	⊕⊕⊕⊕ HIGH	
Non response - CBT vs WLC (adults)												
		no serious limitations	serious ²		no serious imprecision	none	19/38 (50%)	44/46 (95.7%)	RR 0.57 (0.36 to 0.92)	411 fewer per 1000 (from 77 fewer to 612 fewer)	⊕⊕OO LOW	
								93.8%		403 fewer per 1000 (from 75 fewer to 600 fewer)		L
Non response - CBT vs WLC (older adults)												
2		limitations			no serious imprecision	none	41/65 (63.1%)	60/64 (93.8%)	RR 0.69 (0.49 to 0.98)	291 fewer per 1000 (from 19 fewer to 478 fewer)	⊕⊕⊕O MODERATE	
								94.2%		292 fewer per 1000 (from 19 fewer to 480 fewer)		

¹ High attrition bias and completer analysis
² Moderate heterogeneity (50-80%)
³ Difference in treatment principles
⁴ Borderline heterogeneity (45-50%)
⁵ 95% confidence interval include no effect
⁶ High heterogeniety (>80%)