Appendix 15e: Study characteristics – computerised cognitive behavioural therapy for panic disorder

In the treatment of panic disorder does CCBT improve outcome? ................................................................. 2

In the treatment of panic disorder which CCBT programmes improve outcome? ........................................... 8
**Characteristics Table for The Clinical Question: In the treatment of panic disorder does CCBT improve outcome?**

<table>
<thead>
<tr>
<th>Comparisons Included in this Clinical Question</th>
<th>CBT vs applied relaxation</th>
<th>CBT vs CCBT</th>
<th>CBT vs CCBT vs information control</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCBT + stress management vs other active treatments</td>
<td>RICHARDS2006A</td>
<td>KIROPOULOS2008</td>
<td></td>
</tr>
<tr>
<td>CCBT vs information control</td>
<td>RICHARDS2006A</td>
<td>CARLBRING2001</td>
<td></td>
</tr>
<tr>
<td>CCBT vs waitlist control</td>
<td>CARLBRING2006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Included Studies

#### CARLBRING2001

**Methods**
- Study Type: RCT
- Study Description: Evaluated an internet delivered self-help programme + minimal therapist contact via email for people with panic disorder over a period of 7-12 weeks
- Type of Analysis: ITT
- Blinding: No mention
- Duration (days): Mean 67 Range 49-84
- Setting: Outpatients recruited from adverts: Sweden
- Notes: RANDOMISATION: drawing of lots
- Info on Screening Process: 500 screened. 459 excluded as did not meet the DSM-IV criteria for panic disorder (PD)

**Participants**
- n= 21
- Age: Mean 34 Range 21-51
- Sex: 12 males 29 females
- Diagnosis: 100% Panic disorder by DSM-IV

**Exclusions:**
- Not meeting the DSM-IV criteria for PD
- PD duration of less than 1 year
- Younger than 18 or older than 60
- Had other psychiatric disorders that needed immediate treatment
- Had too mild a depression score on MADRS-SR (i.e. more than 21 points and more than 4 points on the suicide questions)
- No reported panic attacks or symptom attacks during pre-treatment baseline (2 weeks)
- On unstable medication (i.e. not constant for more than 3 months before)
- If recently joined therapy (in last 6 months)
- If having CBT already
- No epilepsy, kidney problems, strokes, organic brain syndrome, emphysema, heart disorders, or chronic high blood pressure.
- Had not had previous contact with a physician, psychologist, or other health professional as a consequence of panic attacks.

**Notes:**
- 64% of sample was taking psychoactive medication, and SSRI were the most frequently prescribed drugs (44%)
- Baseline: Average daily anxiety during baseline period was 30 (SD = 15.4, range = 2.5-63), average number of full-blown panic attacks during the 2-week baseline period was 4.4 (SD = 6.9, range = 0-36) and 6.8 (SD = 8.7, range = 0-51) for limited symptom attacks.

**Interventions**
- Group 1 N= 21
  - CCBT. Mean dose 12 - Expected to read material and do the exercises described in the modules. Had to answer the questions at the end of each module before they could receive the password to next module.
- Group 2 N= 20
  - Waiting-list control. Mean dose 12

**Data Used**
- Agoraphobic Cognitions Questionnaire
- Mobility Inventory
- Full-blown panic attacks per week
- Limited symptom attacks per week
- Beck Anxiety Inventory
- Beck Depression Inventory
- Body Sensations Questionnaire
- QoL

**Notes:**
- DROP OUTS: 4 in CCBT; 1 in WLC.
- Taken at baseline, 12 weeks

**Funding:** sponsored by grants from Swedish Medical Research Council and other Swedish foundations. Quality Assessed: Unclear for selection, performance, attrition and detection bias

#### CARLBRING2003

**Methods**
- Study Type: RCT
- Study Description: 22 participants were randomised to either a web based applied relaxation or a multimodal treatment package based on CBT
- Type of Analysis: ITT
- Blinding: No mention
- Duration (days): Mean 14
- Followup: none
- Setting: Recruited from waiting list of earlier

**Participants**
- n= 22
- Age: Mean 38 Range 18-60
- Sex: 7 males 15 females
- Diagnosis: 100% Panic disorder by DSM-IV

**Exclusions:**
- Did not fulfill DSM-IV criteria for Panic Disorder (PD)
- PD duration of less than 1 year
- Younger than 18 and older than 60
- Had another psychiatric disorder

**Interventions**
- Group 1 N= 11
  - CCBT. Mean dose 2 sessions - Consisted of 6 modules: psychoeducation, breathing retraining, cognitive restructuring, exposure, relapse prevention and assertiveness training. A total of 30 minutes spent on each participant.

**Data Used**
- Agoraphobic Cognitions Questionnaire
- Mobility Inventory
- Remission (‘panic free status’)
- MADRS
- Number of panic attacks per week
- Beck Anxiety Inventory
- Beck Depression Inventory
- Body Sensations Questionnaire
- QoL

**Notes:**
- Waiting-list control. Mean dose 12

**Funding:** Swedish foundation for health care sciences and allergy research etc. Quality Assessed: Selection Bias-unclear; Performance Bias-unclear; Attrition Bias-Low; Detection Bias-Unclear
### CARLBRING2005

**Study Type:** RCT  
**Study Description:** A randomised trial comparing 10 individual weekly sessions of CBT vs. CCBT for PD.  
**Type of Analysis:** ITT  
**Blindness:** No mention  
**Duration (days):** Mean 70  
**Followup:** 1 year (extractable)  
**Setting:** Wall list of people who expressed interest in previous study, Sweden  
**Notes:** RANDOMISATION: true random number service (http://www.random.org)  

Info on Screening Process: 427 people screened 363 excluded due to social phobia, panic attack frequency too low, <3 symptoms, recent commencement of medication, recently commenced or intensified another unrelated psychotherapy, depression score high than 4 points on the suicide question; i) PD not primary problem; g) less than one full blown panic attack or limited symptom attack during 2 week baseline period; h) an inconsistent dosage of prescribed drugs over 3 month period; i) will not agree to keep dosage constant throughout study; j) started therapy less than 6 months ago; k) having CBT: l) no previous contact with physician, psychologist or other mental health professional as consequence of panic attacks; m) other medical condition  

Notes: 30 minutes spent on each participant (include administration, email response etc)  
**Baseline:** Years with PD: CBT = 11.9 (6), AR = 8.8 (4); on SSRTs: CBT = 34.6%, AR = 63.6%, Benzodiazepines: CBT = 18.2%, AR = 27.3% Tricyclic antidepressant: CBT = 36.4%, AR = 9.1%, Psychotherapy: CBT = 9.1%, AR = 18.2%, specific phobia: CBT =63.6%, AR = 16.7%  

---

### CARLBRING2006

**Study Type:** RCT  
**Study Description:** ITT included all randomised participants regardless of study participation.  
**Type of Analysis:** ITT(LOCF)  
**Blindness:** Rater only blind  
**Duration (days):** Mean 70  
**Followup:** 9 months (treatment group only - data not extractable)  
**Setting:** Recruited from the waiting list of earlier trials, Sweden  
**Notes:** RANDOMISATION: A true random-number service was used  

Info on Screening Process: 358, 254 excluded through screening, 104 administered SCID, 44 further excluded due to low panic frequency (19), not reachable (9), changed medication (9), other psychotherapy (7)  

---

### Data Used

**Agoraphobic Cognitions Questionnaire**  
**Mobility Inventory**  
**MADRS**  
**Remission (not meeting diagnosis according to SCID**  
**Beck Anxiety Inventory**  
**Beck Depression Inventory**  
**Body Sensations Questionnaire**  
**QoL**  

Notes: Taken at baseline, 10 weeks and 1 year follow up. DROPOUT: CBT= 3/10 (3%), WLC = 3/10 (3%). Data available at baseline for medicine, psychotherapy & comorbid diagnosis.

---

### Data Used

**Agoraphobic Cognitions Questionnaire**  
**Mobility Inventory**  
**Beck Anxiety Inventory**  
**Beck Depression Inventory**  
**Body Sensations Questionnaire**  
**QoL**  

Notes: Taken at 2 week baseline period & 2 week post-treatment. DROPOUT: CBT= 3/10, AR = 3/10.

---

### Data Used

**Agoraphobic Cognitions Questionnaire**  
**Mobility Inventory**  
**Beck Anxiety Inventory**  
**Beck Depression Inventory**  
**Body Sensations Questionnaire**  
**QoL**  

Notes: Taken at baseline. 10 weeks and 1 year follow up. DROPOUT: 3/24 CBT, 3/25 CCBT.

---

### Notes

**Randomisation:** A true random number service was used  
**Follow-up:** 1 year (extractable)  
**Setting:** Wall list of people who expressed interest in previous study, Sweden  
**Notes:** RANDOMISATION: true random number service  

---

### Notes

**Randomisation:** true random number service  
**Follow-up:** 9 months (treatment group only - data not extractable)  
**Setting:** Recruited from the waiting list of earlier trials, Sweden  
**Notes:** RANDOMISATION: A true random number service was used  

---

### Notes

No significant differences in baseline characteristics.
<table>
<thead>
<tr>
<th>Study Type</th>
<th>Study Description</th>
<th>Type of Analysis</th>
<th>Blindness</th>
<th>Duration (days)</th>
<th>Followup</th>
<th>Setting</th>
<th>Notes</th>
<th>Study Description</th>
<th>Data Used</th>
<th>Group 1 N=40</th>
<th>Group 2 N=46</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIROPOULOS2008</td>
<td>RCT</td>
<td>Compare weekly individual face-face CBT with CCBT</td>
<td>Completer</td>
<td>Single blind</td>
<td>Mean 84</td>
<td>Outpatients, previous contact with</td>
<td>RANDOMISATION: random numbers table</td>
<td>Effect of CCBT+ stress management vs. CCBT alone vs. internet-based program comprised of 4 modules. One module per week. Therapists responded to participants’ emails within 24 hours. Majority reported using the programme at home.</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>CBT - Manualised CBT over 12 weeks. One hour weekly sessions and designated weekly reading.</td>
<td></td>
<td>Australian Rotary Health Research Council Project grant. Quality assessed: unclear for selection, performance, attrition, &amp; detection bias</td>
</tr>
<tr>
<td>KLEIN2006</td>
<td>RCT</td>
<td>ITT included all randomised participants regardless of study participation.</td>
<td>ITT</td>
<td>Single blind</td>
<td>Mean 42</td>
<td>Recruited online, outpatients, Australia</td>
<td>RANDOMISATION: Randomly assigned sequentially (ABC, ABC)</td>
<td>Compare weekly individual face-face CBT with CCBT</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>Information control - Told to wait 6 weeks until therapist was available. Minimal support provided- contacted each week for monitoring and told to re-read info on internet based program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICHARDS2006A</td>
<td>RCT</td>
<td>Effect of CCBT+ stress management vs. CCBT alone vs. internet-based info-only control on end-state functioning at week 8 and 3 month follow up</td>
<td>ITT</td>
<td>Open</td>
<td>Mean 56</td>
<td>Recruited online, outpatients, Australia</td>
<td>RANDOMISATION: Randomly assigned sequentially (ABC, ABC)</td>
<td>CCBT + Stress management. Mean dose 8 weeks - same as CCBT with additional stress management program which includes 6 learning modules on coping with daily stress, time and anger mgmt, relapse prevention module. Therapist responded to emails within 24 hours.</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>CCBT - Panic Online is a structured programme comprised of 4 modules. One module per week. Therapists responded to participants’ emails within 24 hours. Majority reported using the programme at home.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGSTROM2009</td>
<td>No control group, non randomised</td>
</tr>
<tr>
<td>BOTELLA2007</td>
<td>Virtual reality exposure</td>
</tr>
<tr>
<td>BOUCHARD2004</td>
<td>Not a CCBT method</td>
</tr>
<tr>
<td>CHOI2005</td>
<td>Computerised graded exposure</td>
</tr>
<tr>
<td>CHRISTENSEN2004</td>
<td>Diagnostic criteria</td>
</tr>
<tr>
<td>CHRISTENSEN2006</td>
<td>Diagnostic criteria</td>
</tr>
<tr>
<td>CUKROWICZ2007</td>
<td>Non-clinical sample</td>
</tr>
<tr>
<td>DRAPER2008</td>
<td>N &lt; 3</td>
</tr>
<tr>
<td>FARVOLDEN2005</td>
<td>Non-RCT, diagnosis not based on DSM-IV but rather on a web-based depression &amp; anxiety test</td>
</tr>
<tr>
<td>GEGA2007</td>
<td>Paper focuses on teaching method and not on the intervention</td>
</tr>
<tr>
<td>GHOSH1988</td>
<td>Computerised graded exposure</td>
</tr>
<tr>
<td>GORINI2008</td>
<td>Protocol only - author contacted but not published</td>
</tr>
<tr>
<td>Hayward2009</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>KENARDY2003A</td>
<td>Augmentation: Not in the scope</td>
</tr>
<tr>
<td>KENWRIGHT2004</td>
<td>Not an RCT</td>
</tr>
<tr>
<td>KLEIN2001</td>
<td>Non-extractable data</td>
</tr>
<tr>
<td>KLEIN2008</td>
<td>N &lt; 6, not an RCT</td>
</tr>
<tr>
<td>MARKS2004</td>
<td>Population: Mostly phobic disorders</td>
</tr>
<tr>
<td>NEWMAN1997</td>
<td>N &lt; 10</td>
</tr>
<tr>
<td>NEWMAN1999</td>
<td>N &lt; 10</td>
</tr>
<tr>
<td>PENATE2008</td>
<td>Chronic agoraphobia</td>
</tr>
<tr>
<td>PIER2008</td>
<td>Non randomised controlled study</td>
</tr>
<tr>
<td>PROUDFOOT2004A</td>
<td>Cannot extract data for anxiety</td>
</tr>
<tr>
<td>RICHARDS2002</td>
<td>Non RCT</td>
</tr>
<tr>
<td>SHANDLEY2008</td>
<td>Non- RCT (natural groups design)</td>
</tr>
</tbody>
</table>

### Notes
- **References of Included Studies**
- **Characteristics of Excluded Studies**
- **Number of panic attacks per week**
- **QoL**
- **Depression Anxiety Stress Scales**
- **Notes:** Outcomes measured at baseline, 8 weeks, and 3-month follow up. DROP OUT: 2/12 CCBT, 1/11 CCBT + Stress management, 2/9 control.

#### Group 2
- **N = 9**
- CCBT. Mean dose 8 weeks - Comprised of four learning modules, introductory and relapse prevention modules. Included standardised CBT treatments. Therapist interaction over email enabled support and feedback and guidance through programme. Standardised information provided.

#### Group 3
- **N = 9**
- Information control. Mean dose 8 weeks - Received no active CBT and were informed that they were required to wait 8 weeks for a therapist to become available. Minimal support provided. Questioned participant panic status. After 8 week interval & completion of assessments, offered treatment.
References of Excluded Studies

**CARLBRING2001**  

**CARLBRING2003**  

**CARLBRING2005**  

**CARLBRING2006**  

**KIROPULOS2008**  

**KLEIN2006**  

**RICHARDS2006A**  

**BERGSTROM2009**  

**BOTELLA2007**  

**BOUCHARD2004**  

**CHOI2005**  

**CHRISTENSEN2004**  

**CHRISTENSEN2006**  

**CUKROWICZ2007**  

**DRAPER2008**  

**FARVOLDEN2005**  
GEGA2007 (Published Data Only)

GHOSH1988 (Published Data Only)

GORINI2008 (Published Data Only)

Hayward2009 (Published Data Only)

KENARDY2003A (Published Data Only)

KENWRIGHT2004 (Published Data Only)

KLEIN2001 (Published Data Only)

KLEIN2008 (Published Data Only)

MARKS2004 (Published Data Only)

NEWMAN1997 (Published Data Only)

NEWMAN1999 (Published Data Only)

PENATE2008 (Published Data Only)

PIER2008 (Published Data Only)
Pier, C., Austin, D. W., Klein, B., et al. (2008) A controlled trial of internet-based cognitive-behavioural therapy for panic disorder with face-to-face support from a general practitioner or email support from a psychologist. Mental Health in Family Medicine, 5, 29-39

PROUDFOOT2004A (Published Data Only)

RICHARDS2002 (Published Data Only)

SHANDLEY2008 (Published Data Only)

© NCCMH. All rights reserved.
### Characteristics Table for The Clinical Question: In the treatment of panic disorder which CCBT programmes improve outcome?

#### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Interventions</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCBT + stress management vs CCBT</td>
<td>RICHARDS2006A</td>
<td>Data Used</td>
<td>Group 1 N= 29</td>
</tr>
<tr>
<td>CCBT + stress management vs control</td>
<td>RICHARDS2006A</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>Infrequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as frequently as they wished, but their therapist would only respond once per week over the 8-week intervention period.</td>
</tr>
<tr>
<td>CCBT vs information control</td>
<td>RICHARDS2006A</td>
<td>Treatment satisfaction</td>
<td>Group 2 N= 28</td>
</tr>
<tr>
<td>infrequent contact CCBT vs frequent contact CCBT</td>
<td>KLEIN2009</td>
<td>Clinician assessed panic severity</td>
<td>Frequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as often as they wished over the 8-week intervention period and that their therapist would respond, at a minimum, three times per week.</td>
</tr>
</tbody>
</table>

#### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEIN2009</td>
<td>Study Type: RCT</td>
<td>n= 57</td>
<td>Data Used</td>
<td>Group 1 N= 29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study Description: Examined whether frequency of therapist contact impacted on outcomes for those with Panic Disorder (PD) receiving CCBT</td>
<td>Age: Mean 39 Range 18-70</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>Infrequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as frequently as they wished, but their therapist would only respond once per week over the 8-week intervention period.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex: 10 males 47 females</td>
<td>Treatment satisfaction</td>
<td>Group 2 N= 28</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diagnosis: 100% Panic disorder by DSM-IV</td>
<td>Clinician assessed panic severity</td>
<td>Frequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as often as they wished over the 8-week intervention period and that their therapist would respond, at a minimum, three times per week.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusions: Did not meet criteria for PD; aged below 18 or above 70; not an Australian resident; did not have a DSM-IV diagnosis of PD (with or without agoraphobia); PD not primary diagnosis; presence of a seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, or chronic hypertension; if undertaking any other therapy during the study; if taking medication for depression/anxiety and not on a stable dose for at least 12 weeks</td>
<td></td>
<td>Clinician-rated panic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: 42 had a primary diagnosis of PD with agoraphobia &amp; 15 without agoraphobia.</td>
<td></td>
<td>Body Vigilance Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline: Number of panic attacks in past month: FC CCBT = 4.29 (6.14), IC CCBT = 7.64 (10.72), ACC: FC CCBT = 20.11 (6.69), IC CCBT = 17.50 (10.07)</td>
<td></td>
<td>Therapist allegiance questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: taken at baseline and 8 weeks post-assessment. DROPOUTS: FC CCBT = 6/28, IC CCBT = 8/29</td>
<td></td>
<td>Anxiety Sensitivity Profile</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Info on Screening Process: 439 screened, 382 excluded as PD not primary diagnosis, not an Australian resident, not on stable medication, currently seeing a therapist, did not have PD, didn't respond, or no internet access</td>
<td>Data Not Used</td>
<td>Group 1 N= 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Setting: Patients registered via website, or notified via media ads: Australia</td>
<td></td>
<td>CCBT + Stress management. Mean dose 8 - same as CCBT with additional stress management program which includes 6 learning modules on coping with daily stress, time and anger management, tuning in one's thoughts, relaxation, and social connectedness. Extra 90 min required</td>
<td>Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; allocation-unclear; detection-unclear</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: RANDOMISATION: computer generated random numbers table</td>
<td>Data Not Used</td>
<td>Group 2 N= 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Info on Screening Process: 68 screened, 36 excluded due to not being contactable, residing overseas, seeing a mental health therapist regularly, no computer access, under 18 or over 70, not having PD as their primary diagnosis.</td>
<td>Number of GP visits in 1 month</td>
<td>CCBT. Mean dose 8 weeks - Comprised of four learning modules, introductory and relapse prevention modules. Included standardised CBT treatments. Therapist interaction over email enabled support and feedback and guidance through programme. Standardised information provided.</td>
<td>Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; allocation-unclear; detection-unclear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHARDS2006A</td>
<td>Study Type: RCT</td>
<td>n= 32</td>
<td>Data Used</td>
<td>Group 1 N= 29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study Description: Effect of CCBT + stress management vs CCBT alone vs. internet-based info-only control on end-state functioning at week 8 and 3 month follow up</td>
<td>Age: Mean 37 Range 18-70</td>
<td>Agoraphobic Cognitions Questionnaire</td>
<td>Infrequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as frequently as they wished, but their therapist would only respond once per week over the 8-week intervention period.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex: 10 males 22 females</td>
<td>Treatment satisfaction</td>
<td>Group 2 N= 28</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diagnosis: 100% Panic disorder by DSM-IV</td>
<td>Clinician assessed panic severity</td>
<td>Frequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as often as they wished over the 8-week intervention period and that their therapist would respond, at a minimum, three times per week.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusions: Presence of a seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, or chronic hypertension. Not having a primary diagnosis of PD (with or without agoraphobia). If on medication for less than 4 weeks.</td>
<td></td>
<td>Body Vigilance Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: 25 had a primary diagnosis of PD with agoraphobia &amp; 7 without agoraphobia. 7 people had a secondary diagnosis of social phobia, 4 of GAD, 3 with depression, 3 of specific phobia, 2 PTSD, 2 hypochondriasis, 1 somatisation and 10 no secondary diagnosis</td>
<td></td>
<td>Therapist allegiance questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline: For Panic disorder severity scale: CCBT(alone) = 16.54 (4.2), CCBT + stress management = 19 (4.0), control = 17 (5.3) Number of panic attacks per week: CCBT (alone) = 2.92 (4), CCBT + stress management = 3.36 (3.6) control = 1 (0.9); a sign difference was observed for number of panic attacks 1 week prior to pre-assessment and DASS depression</td>
<td>Data Not Used</td>
<td>Group 1 N= 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: taken at baseline and 8 weeks post-assessment. DROPOUTS: FC CCBT = 6/28, IC CCBT = 8/29</td>
<td>Number of panic attacks per week</td>
<td>CCBT + Stress management. Mean dose 8 weeks - same as CCBT with additional stress management program which includes 6 learning modules on coping with daily stress, time and anger management, tuning in one's thoughts, relaxation, and social connectedness. Extra 90 min required</td>
<td>Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; allocation-unclear; detection-unclear</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Setting: Outpatients, previous contact with author’s panic website. Australia</td>
<td>Data Not Used</td>
<td>Group 2 N= 9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>KENARDY2003A</td>
<td>Augmentation: not in the scope</td>
</tr>
<tr>
<td>KENARDY2003B</td>
<td>Subclinical population</td>
</tr>
<tr>
<td>SCHNEIDER2005</td>
<td>Population: mostly phobic disorders</td>
</tr>
</tbody>
</table>

References of Included Studies

**KLEIN2009** (Published Data Only)

**RICHARDS2006A** (Published Data Only)

References of Excluded Studies

**KENARDY2003A** (Published Data Only)

**KENARDY2003B** (Published Data Only)

**SCHNEIDER2005** (Published Data Only)

© NCCMH. All rights reserved.