Appendix 17: Completed methodology checklists for economic studies

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Pharmacological interventions for generalised anxiety disorder	6
Computerised cognitive behavioural therapy for panic disorder	

Low-intensity psychological interventions for generalised anxiety disorder

-	r: Guideline cost analyses		
Econ- waitli	omic question: non-facilitated self-help, guided bibliotherapy ar st	nd psychoeducation	onal group versus
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?	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 QALYs?	NA	
1.8	Are changes in 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:		T -
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?	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
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?	NA	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	. ,	Range of costs provided
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: Potentially serious limitations		
Other	comments:		

	r: Guideline economic model omic question: CCBT versus waitlist 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 1 year
1.7	Is the value of health effects expressed in terms of QALYs?	Yes	
1.8	Are changes in 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	
	•		

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

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 QALYs?	No	DALYs used instead
1.8	Are changes in 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

-	r: Guideline cost analyses omic question: CBT and applied relaxation versus waiting list		
Section	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	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 QALYs?	NA	
1.8	Are changes in 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:		1
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?	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
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?	NA	_
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Range of costs provided
2.11	Is there no potential conflict of interest?	Yes	
2.12 (Overall assessment: Potentially serious limitations	•	•
	Overall assessment: Potentially serious limitations comments:		

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 Economic, 6, 136-145. Economic question: Venlafaxine XL versus diazepam for GAD Section 1: Applicability (relevance to specific guideline review Yes/ Partly/ Comments question and the NICE reference case) No/Unclear/NA Yes Patients with GAD Is the study population appropriate for the guideline? 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? 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 NA Time horizon 24 1.6 weeks 1.7 Is the value of health effects expressed in terms of QALYs? No 1.8 Are changes in HRQoL reported directly from patients and/or NA 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 2.1 Yes health condition under evaluation? 2.2 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 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? 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? Expert panel Partly 2.8 Are the unit costs of resources from the best available source? Yes National sources

Appendix 17

Yes

No

No

Limited sensitivity

Study funded by

Pharmaceuticals

analysis

Wyeth

Is an appropriate incremental analysis presented or can it be

Are all important parameters whose values are uncertain subjected

calculated from the data?

to appropriate sensitivity analysis?

Is there no potential conflict of interest?

2.12 Overall assessment: Potentially serious limitations

2.9

2.10

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 QALYs?	No	DALYs used instead
1.8	Are changes in 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

	omic 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?	Partly	Canada – primary care setting, public funded system
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 QALYs?	No	
1.8	Are changes in 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: Partially applicable		
	comments: no QALYs estimated but outcome measure considered re e and of low quality	levant; utility score	s for GAD are still
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?	Partly	24 weeks - relapse not considered
	Are all important and relevant health outcomes included?	Partly	Impact of side
2.3			effects on HRQoL not considered
	Are the estimates of baseline health outcomes from the best available source?	Partly	
2.4		Partly Partly	not considered RCT & literature review
2.32.42.52.6	available source? Are the estimates of relative treatment effects from the best		not considered RCT & literature review RCT and literature
2.4 2.5 2.6	available source? Are the estimates of relative treatment effects from the best available source?	Partly	not considered RCT & literature review RCT and literature review Costs of treating side effects not considered but probably not
2.4 2.5 2.6	available source? Are the estimates of relative treatment effects from the best available source? Are all important and relevant costs included?	Partly	not considered RCT & literature review RCT and literature review Costs of treating side effects not considered but probably not substantial
2.4 2.5 2.6 2.7 2.8	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?	Partly Partly Partly	not considered RCT & literature review RCT and literature review Costs of treating side effects not considered but probably not substantial Expert panel
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	Partly Partly Partly Yes	not considered RCT & literature review RCT and literature review Costs of treating side effects not considered but probably not substantial Expert panel

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 QALYs?	No	Escitalopram dominant
1.8	Are changes in 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	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	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 and 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:		

Section 1: Applicability (relevance to specific guideline review question and the NICE reference case) No/Unclear/NA		y disorder: findings from a Spanish perspective. <i>European Journal of</i> pmic question: Venlafaxine XL versus pregabalin for GAD	Health Economics,	11, 35-44.
1.2 Are the interventions appropriate for the guideline? 1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context? 1.4 Are costs measured from the NHS and personal social services (PSS) perspective? 1.5 Are all direct health effects on individuals included? 1.6 Are both costs and health effects discounted at an annual rate of 3.5%? 1.7 Is the value of health effects expressed in terms of QALYs? 1.8 Are changes in HRQoL reported directly from patients and/or carers? 1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resource use from the best available source? 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 to appropriate incremental analysis presented or can it be calculated from the data? 2.10 Is the reno potential conflict of interest? 2.11 Is there no potential conflict of interest? 2.12 Is the propertial sensitivity analysis? 2.13 Is the reno potential conflict of interest? 2.14 Is there no potential conflict of interest?	Section	on 1: Applicability (relevance to specific guideline review		Comments
1.3. Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context? 1.4. Are costs measured from the NHS and personal social services (PSS) perspective? 1.5. Are all direct health effects on individuals included? 1.6. Are all direct health effects on individuals included? 1.7. Is the value of health effects discounted at an annual rate of 3.5%? 1.8. Are changes in HRQoL reported directly from patients and/or carers? 1.9. Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.1 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.1 Is there no potential conflict of interest? 2.2 Is there no potential conflict of interest?	1.1	Is the study population appropriate for the guideline?	Yes	People with GAD
sufficiently similar to the current UK NHS context? 1.4 Are costs measured from the NHS and personal social services (PSS) perspective? 1.5 Are all direct health effects on individuals included? 1.6 Are both costs and health effects discounted at an annual rate of 3.5%? 1.7 Is the value of health effects expressed in terms of QALYs? 1.8 Are changes in HRQoL reported directly from patients and/or carers? 1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes from the best available source? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the unit costs of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be properly and the properly an	1.2	Are the interventions appropriate for the guideline?	Yes	
(PSS) perspective? Are all direct health effects on individuals included? Are both costs and health effects discounted at an annual rate of 3.5%? Is the value of health effects expressed in terms of QALYs? Is the value of health effects expressed in terms of QALYs? Is the value of health effects expressed in terms of QALYs? Is the value of health effects expressed in terms of QALYs? Is the value of health effects expressed in terms of QALYs? Is the value of health effects expressed in terms of QALYs? Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? In Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) Ves/ Partly/ No/Unclear/NA Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? Is the time horizon sufficiently long to reflect all important 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 the estimates of resource use from the best available source? Are the estimates of resource use from the best available source? Are the estimates of resource use from the best available source? Are the estimates of resource use from the best available source? Are the estimates of resource use from the best available source? Are the unit costs of resources from the best available source? Are the unit costs of resources from the best available source? Are the unit costs of resources from the best available source? Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? Is there no potential conflict of interest? No Study funded by Pfizer, Inc	1.3		Partly	Spanish study
1.6 Are both costs and health effects discounted at an annual rate of 3.5%? 1.7 Is the value of health effects expressed in terms of QALYs? 1.8 Are changes in HRQoL reported directly from patients and/or carers? 1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 1.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? Are the estimates of resource use from the best available source? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the estimates of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.1 Is there no potential conflict of interest? 2.2 Is the reposition of handle and no proper to the part of the part	1.4		Partly	perspective - healthcare costs
3.5%? 1.7 Is the value of health effects expressed in terms of QALYs? 1.8 Are changes in HRQoL reported directly from patients and/or carers? 1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the estimates of resource use from the best available source? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? 2.10 Are all important and reflevant cofflict of interest? 2.11 Is there no potential conflict of interest? 2.12 No Study funded by Pfizer, Inc	1.5	Are all direct health effects on individuals included?	Yes	
1.8 Are changes in HRQoL reported directly from patients and/or carers? 1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the estimates of resource use from the best available source? 2.9 Are the estimates of resource use from the best available source? 2.9 Are the unit costs of resource use from the best available source? 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 to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? 2.11 Is there no potential conflict of interest?	1.6		NA	Time horizon 1 year
Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the estimates of resource use from the best available source? 2.9 Are the estimates of resources from the best available source? 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 to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? Partly Yes, but Spanish public Yes, but Spanish sources Yes No Study funded by Prizer, Inc	1.7	Is the value of health effects expressed in terms of QALYs?	Yes	
representative sample of the general public? 1.10 Overall judgement: Partially applicable Other comments: Section 2: Study limitations (level of methodological quality) 2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? 2.3 Are all important and relevant health outcomes included? 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? 2.7 Are the estimates of resource use from the best available source? 2.8 Are the estimates of resource use from the best available source? 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 to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? Partly Comments Comments Yes/Partly/No/Unclear/NA Partly Partly 12 months; relaps after 8 weeks not considered Partly Partly RCT RCT 24 Are the estimates of baseline health outcomes from the best available source? 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 National Spanish sources Yes National Spanish sources	1.8		Yes	
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differences in costs and outcomes? after 8 weeks not considered Impact of side effects on HRQoL not considered 2.4 Are the estimates of baseline health outcomes from the best available source? 2.5 Are the estimates of relative treatment effects from the best available source? 2.6 Are all important and relevant costs included? Are all important and relevant costs included? Are the estimates of resource use from the best available source? Are the estimates of resource use from the best available source? Are the estimates of resource of resource use from the best available source? Are the unit costs of resources from the best available source? Are the unit costs of resources from the best available source? Are the unit costs of resources from the best available source? Are all important and relevant costs included? Yes National Spanish sources Yes Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? Is there no potential conflict of interest? No Study funded by Pfizer, Inc	2.1		Partly	See below
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available source? 2.6 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? Are the unit costs of resources 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? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? No Study funded by Pfizer, Inc	2.4		Partly	
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unpublished data 2.8 Are the unit costs of resources from the best available source? 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 to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? Unpublished data Yes Yes Yes Study funded by Pfizer, Inc	2.6	Are all important and relevant costs included?	Partly	side effects not considered but probably not
Are the unit costs of resources from the best available source? Yes National Spanish sources 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? Is there no potential conflict of interest? No Study funded by Pfizer, Inc	2.7	Are the estimates of resource use from the best available source?	Partly	
calculated from the data? 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? No Study funded by Pfizer, Inc	2.8	Are the unit costs of resources from the best available source?	Yes	National Spanish
to appropriate sensitivity analysis? 2.11 Is there no potential conflict of interest? No Study funded by Pfizer, Inc	2.9		Yes	
Pfizer, Inc	2.10	to appropriate sensitivity analysis?	Yes	
	2.11		No	
	2.12 C	Overall assessment: Potentially serious limitations	•	•

	omic question: pharmacological interventions for people with GA	עט	
	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 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 1 year
1.7	Is the value of health effects expressed in terms of QALYs?	Yes	
1.8	Are changes in 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:		,
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 source
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	
	Overall assessment: Minor limitations	i	i

Computerised cognitive behavioural therapy for panic disorder

Study 238.	r: Klein et al. (2006) Efficacy of internet therapy for panic disorder. Jou	ırnal of Behavioura	<i>Therapy,</i> 37, 213-
Econ	omic question: CCBT (Panic Online) versus therapist-assisted, self-a	dministered CBT v	ersus information
Section	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?	Partly	Australian 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 6 weeks
1.7	Is the value of health effects expressed in terms of QALYs?	No	
1.8	Are changes in 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: Partially 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?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	6 weeks
2.3	Are all important and relevant health outcomes included?	Partly	Yes, various outcomes on panic, anxiety, cognition
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?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	No	Possibly local costs
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost-consequence analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Statistical analysis
2.11	Is there no potential conflict of interest?	Yes	
	Overall assessment: Potentially serious limitations		
Other	comments:		

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

Economic question: CCBT (Panic Online) versus standard care for panic disorder

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?	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 QALYs?	No	DALYs used instead
1.8	Are changes in 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

	omic question: CCBT packages versus waiting list or CBT for pec	opie with panic dis	soraer
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?	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 1 year
1.7	Is the value of health effects expressed in terms of QALYs?	Yes	
1.8	Are changes in 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:		
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		