APPENDIX 12: COMPLETED METHODOLOGY CHECKLISTS FOR ECONOMIC STUDIES

Case identification

Study: Hewitt *et al*. (2009) Methods to identify postnatal depression in primary care: an integrated evidence synthesis and value of information analysis. *Health Technology Assessment*, *13*, 1–230.			
Economic question: Identification strategies for postnatal depression in primary care			
Section 1: Applicability (relevance to specific guideline review question and the NICE reference case)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Partly	Women in postnatal period that underwent an identification test for postnatal depression
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	
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 12 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	Based on vignettes
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	No	Obtained by patients in the US
1.10 Overall judgement: Partially applicable			
Other comments:			
Section 2: Study limitations (level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	12 months - future relapses & costs not considered
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	RCTs, cros-sectional studies, case-control studies, cohort studies, expert opinion
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCTs and controlled trials
2.6	Are all important and relevant costs included?	Yes	

2.7	Are the estimates of resource use from the best available source?	Partly	NICE guideline, assumptions
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?	Yes	
2.11	Is there no potential conflict of interest?	Yes	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

Study: Guideline economic model			
Economic Question: Assessment tool and treatment for people with anxiety			
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 suspected GAD
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	Guideline analysis
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon less than one year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	SF-6D scores
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	SF-6D algorithm
1.10	Overall judgement: Directly applicable		
Other comments:			
Section 2: Study limitations (level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	34 weeks - future relapses and costs not considered
2.3	Are all important and relevant health outcomes included?	Partly	Impact of side effects not considered, drop-out rates from treatments were 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, cost due to drop-out from treatment not considered
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?	Partly	Deterministic sensitivity analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

Study: Hakkaart-Van Roijen *et al.* (2006) Cost-utility of brief psychological treatment for depression and anxiety. *British Journal of Psychiatry*, *188*, 323–329.			
Economic Question: Brief therapy **versus** and CBT versus care as usual for depression and anxiety			
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 DSM-IV diagnoses of major depressive disorder, dysthymic disorder, panic disorder, social phobia and GAD
1.2	Are the interventions appropriate for the guideline?	Partly	Usual care in The Netheralands
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	The Netherlands – 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 and productivity losses due to absenteeism from work
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 18 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	Patients' responses to EQ-5D questionnaire
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: Brief therapy in The Netherlands is defined as a formalised 'stepped-care' approach that focuses mainly on the present and on abilities instead of disabilities. Usual care in the Netherlands is not formalised and a multidisciplinary team can choose therapy from a wide variety of treatment options. The number of sessions depends on the therapy that is offered. Utility weights taken from Dutch population.			