APPENDIX 16: ECONOMIC EVIDENCE:

EVIDENCE TABLES OF PUBLISHED STUDIES

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Phillips <i>et al.,</i> 2009	2
Valmaggia et al., 2009	3
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Abbreviations

CBT cognitive behavioural therapy
GAF Global Assessment of Functioning
HAM-A Hamilton Anxiety Rating Scale

OASIS Outreach and Support in South London

QLS Quality of Life Scale

RCT randomised controlled trial

SANS Scale for the Assessment of Negative Symptoms

YMRS Young Mania Rating Scale

Published studies

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: cost effectiveness	Comments
Phillips et al., 2009; Australia Cost minimisation analysis	Specific preventive intervention; consisting of a combination of risperidone and cognitive-oriented psychotherapy in addition to 'needs-based' intervention Needs-based intervention	Population: Young people at ultra high risk of developing first episode of psychosis Study design: randomised controlled trial (RCT) Data sources on outcome and resource use: RCT and follow-up study of young people attending the Personal Assessment and Crisis Evaluation (PACE) Clinic in Melbourne, Australia. Source of unit costs: local and national costs	Costs included: Intervention costs Outpatient costs Inpatient costs Pharmacology costs Needs-based treatment (supportive counselling, case management) Cost per person - 0-6 months: Specific preventive intervention: \$AUS 3,078 Needs-based intervention: \$AUS 2,488 p value: 0.117 Cost per person - 6-12 months: Specific preventive intervention: \$AUS 1,800 Needs-based intervention: \$AUS 1,429 p value: 0.764 Cost per person - 12-36 months: Specific preventive intervention: \$AUS 5,668 Needs-based intervention: \$AUS 11,614	Transition probability to psychosis (GAF, Brief Psychiatric Rating Scale for Psychosis, HAM- A, HAM-D, QLS, SANS, YMRS): No significant difference	Perspective: Health sector Currency: Australian Dollar Cost year: 1997 Time horizon: 36 months Discounting: Yes Discount rate: 3% Applicability: Partially applicable Quality: Potentially serious limitations

	<i>p</i> value: 0.103	
	Primary outcome: Transition probability to psychosis (Global Assessment of Functioning – GAF], Hamilton Anxiety Rating Scale [HAM-A], Hamilton Depression Rating Scale [HAM-D], Quality of Life Scale [QLS], Scale for the Assessment of Negative Symptoms [SANS], Young Mania Rating Scale [YMRS])	

Study ID Country	Intervention details	Study population Study design	Costs: description and values Outcomes: description and values	Results: cost effectiveness	Comments
Study type		Data sources			
Valmaggia et al.,	Early intervention	Population: people at high	Costs included:	Incremental cost per	Perspective:
2009; UK	consisting of information	risk of developing	Intervention costs	person avoiding	NHS and societal
	about the symptoms,	psychosis	Initial GP visit	psychosis at 24	
Cost	practical and social		Outpatient care (including	months:	Currency: £ UK
effectiveness	support, and the offer of	Study design: decision	community mental health teams	£6,853	Cost year: 2004
analysis	cognitive behavioural	analytic model	contacts)		Time horizon: 2 years
	therapy (CBT) and		Informal inpatient stay		Discounting: No
	medication (a low-dose	Data sources on outcome and	Formal inpatient stay		Applicability:
	antipsychotic or an	resource use: Outreach and	Costs incurred during duration of		Partially applicable
	antidepressant)	Support in South London	untreated psychosis		Quality: Potentially
		(OASIS), a clinical service	Sectioning cost		serious limitations
	Care as usual	for people with an at risk	Psychologist		
		mental state located in	Community psychiatric nurse		
		south London (naturalistic	Social worker		
		study on 114 patients).	CBT session		
		Lambeth Early Onset	Medication cost		
		(LEO), an early	OASIS intervention cost		

intervention team for people with first episo psychosis in the same geographical area of s	ode (Lost productivity cost available) Costs per person - 24 months:	
London	Care as usual: £3,285	
Source of unit costs: Na published sources	avoiding transition to psychosis	
	Probability of transition to psychosis: Early intervention: 0.20 Care as usual: 0.35	

References

Phillips, L. J., Cotton, S., Mihalopoulos, C., *et al.* (2009) Cost implications of specific and non-specific treatment for young persons at ultra high risk of developing a first episode of psychosis. *Early Intervention in Psychiatry*, *3*, 28-34.

Valmaggia, L. R., McCrone, P., Knapp, M., *et al.* (2009) Economic impact of early intervention in people at high risk of psychosis. *Psychological Medicine*, 39, 1617-1626.