Completed methodology checklists for economic studies

Low intensity psychological interventions for Generalised Anxiety Disorder

Study: Guideline cost analyses			
Economic Question: pure self help, guided bibliotherapy and psychological group versus waiting list			
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	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 quality-adjusted life years (QALYs)?	NA	
1.8	Are changes in health-related quality of life (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:			
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?	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**		
Other comments:			

Study: Guideline economic model			
Economic Question: cCBT versus waiting list for people with GAD			
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 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?	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**		
Other comments:			

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			
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 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 quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (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			

Study: Guideline cost analyses			
Economic Question: CBT and AR versus waiting list			
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 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 quality-adjusted life years (QALYs)?	NA	
1.8	Are changes in health-related quality of life (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:			
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?	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**			
Other 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 Economics 6: 136-145			
Economic Question: Venlafaxine XL versus diazepam for GAD			
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 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 study
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 24 weeks
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (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**			
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/ 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	6 months – 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	Expert panel
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 Wyeth Pharmaceuticals
2.12 Overall assessment: **Potentially serious limitations**			
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			
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 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 quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (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			

Study: Iskedjian *et al.* (2008) Cost-effectiveness of escitalopram for generalized anxiety disorder in Canada. Current Medical Research and Opinion 24 (5): 1539-48.			
Economic Question: Escitalopram versus paroxetine for GAD			
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 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 quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (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**			
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/ 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 - relapses not 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 & literature review
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	RCT and literature review
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	Expert panel
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:			

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			
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 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 quality-adjusted life years (QALYs)?	No	Escitalopram dominant
1.8	Are changes in health-related quality of life (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 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 & 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:			

Study: Vera-Llonch *et al.* (2010) Cost-effectiveness of pregabalin versus venlafaxine in the treatment of generalized anxiety disorder: findings from a Spanish perspective. European Journal of Health Economics, 11, 35-44			
Economic Question: Venlafaxine XL versus pregabalin for GAD			
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 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	Spanish study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	3rd party payer perspective - healthcare costs considered
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 1 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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Partly	Yes, but Spanish public
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?	Partly	See below
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	12 months; relapse after 8-weeks not 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	Published and unpublished data
2.8	Are the unit costs of resources from the best available source?	Yes	National Spanish 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?	No	Study funded by Pfizer, Inc
2.12 Overall assessment: **Potentially serious limitations**			
Other comments:			

Study: Guideline economic model			
Economic Question: pharmacological interventions for people with GAD			
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 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?	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 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**		
Other comments:			

Computerised Cognitive Behavioural Therapy for panic disorder

Deleted: Study: Kaltenthaler *et al.* (2006) Computerised cognitive behaviour therapy for depression and anxiety update: a systematic review and economic evaluation. Health Technology Assessment Vol 10: No 33 1-186 ... [1]

Study: Klein *et al.* (2006) Efficacy of internet therapy for panic disorder. Journal of Behavioural Therapy, 37, 213-238.			
Economic Question: cCBT (Panic Online, PO) vs. therapist-assisted, self-administered CBT (self-CBT) vs. information control (IC)			
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?	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 quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (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**			
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?	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	
2.12 Overall assessment: **Potentially serious limitations**			
Other comments:			

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Study: Mihalopoulos *et al.* (2005) Exploratory economic analyses of two primary care mental health projects: implications for sustainability. Medical Journal of Australia 2005; 183:S73-S76.			
Economic Question: cCBT (Panic on-line) 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 quality-adjusted life years (QALYs)?	No	DALYs used instead
1.8	Are changes in health-related quality of life (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			

Study: Guideline economic model			
Economic Question: cCBT packages versus waiting list or CBT for people with 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	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 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	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**		
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?	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**		
Other comments:			

Study: Kaltenthaler *et al.* (2006) Computerised cognitive behaviour therapy for depression and anxiety update: a systematic review and economic evaluation. Health Technology Assessment Vol 10: No 33 1-186			
Economic Question: cCBT (FearFighter) vs. clinician-led CBT vs. relaxation for people with panic phobia			
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	People with panic phobia
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 study
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 24 weeks
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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	EuroQol tariffs; EuroQol profiles from European survey
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 HRQoL & costs not considered
2.3	Are all important and relevant health outcomes included?	Partly	QALYs estimated from data on the self-reported global phobia item
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	RCT & info from manufacturers & 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: **Minor limitations**			
Other comments:			

Study: McCrone *et al.* (2009) Computer-Aided Self-Exposure Therapy for Phobia/Panic Disorder: A Pilot Economic Evaluation. Cognitive Behavioural Therapy, 18, 1-9.

Economic Question: cCBT (FearFighter, FF) vs. clinician-led CBT vs. relaxation for people with panic phobia			
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	People with panic or phobic 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	UK 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 14 weeks
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (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**			
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?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Only 14 weeks
2.3	Are all important and relevant health outcomes included?	Partly	Main symptoms & global phobia ratings
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?	Partly	RCT & assumptions from published literature
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?	Partly	Not all options directly compared
2.11	Is there no potential conflict of interest?	No	Intellectual property rights on FF
2.12 Overall assessment: **Potentially serious limitations**			
Other comments:			