Characteristics Table for The Clinical Question: In the treatment of GAD, what are the risks and benefist associated with the following low-intensity treatments?

Comparisons Included in this Clinical Question

Bibliotherapy (guided) vs. CBT
VANBOIEJEN2005

Bibliotherapy (guided) vs. TAU
SORBY1991
VANBOIEJEN2005

Bibliotherapy (guided) vs. WLC
LUCOCK2008

Bibliotherapy (unguided) vs. Information control
WHITE1995

Bibliotherapy (unguided) vs. TAU
MAUNDER2009

Bibliotherapy (unguided) vs. WLC
BOWMAN1997
KASSINOVE1980
TARRIER1986
WHITE1995

CBT group adult psychoeducation vs. Traditional group anxiety management training
KITCHINER2009

CBT group adult psychoeducation vs. WLC
KITCHINER2009

Computerized therapy vs. WLC
HOUGHTON2008
TITOV2009A

Large group didactic therapy vs. WLC
WHITE1992a

Traditional group anxiety management training vs. WLC
KITCHINER2009

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BOWMAN1997 Study Type: RCT Study Description: Determined the efficacy of self-examination (problem-solving) therapy in treatment of GAD. Type of Analysis: Completors Blindness: Open Duration (days): Mean 28 Followup: 3 months (data available for extraction) Setting: Community, participants were self recruited by advertisements in Alabama, US Notes: RANDOMISATION: No details provided Info on Screening Process: 75 people screened, 37 excluded (24 failed to meet eligiblity criteria as they had either moderate to severe panic attacks, were in psychotherapy, or did not meet criteria for GAD; an additional 13 people chose not to participate)	n= 38 Age: Mean 43 Range 20-73 Sex: 10 males 28 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R Exclusions: A) did not have a diagnosis of GAD; B) were in psychotherapy at time of study; C) were receiving pharmacotherapy and were not stabilized on medication for at least 2 months; D) evidencing psychosis, suicidal risk, or mania; E) having panic disorder with panic attacks that were considered to be moderate to severe Notes: Completion rates: All required to complete at least 7/28 worksheets. No other comment on completion rates. Baseline: No significant group differences	**Data Used** STAI-trait STAI-S SCL-90 General Severity index HARS (Hamilton anxiety rating scale) Notes: DROP OUTS: Treament = 4/19; WLC = 4/19.Therapist contact: Called by therapist (Bowman) once per week (restricted to 5 mins). No other therapist contact.	**Group 1 N= 19** Problem solving therapy (Self-examination). Mean dose 4 weeks (1 worksheet per day) - Compared what was bothering them with what mattered. If what was bothering them related to what mattered, they brainstormed, listed possible solutions to their problem, and were encouraged to try out solutions. 28 worksheets (1 per day); 45 pages booklet **Group 2 N= 19** Waiting-list control. Mean dose 4 - received no treatment until 4 wks had passed, after which participants in this group were assigned to SET.	FUNDING: none declared, Quality assessed: Selection bias = unclear risk, Performance bias = unclear risk, Attrition bias = unclear risk, Detection bias = low risk
Results from this paper: Self-examination therapy was effective in comparison to waiting list control.				
HOUGHTON2008 Study Type: RCT Study Description: Examined the effectiveness of the Internet version of the mindfulness-based stress reduction for women previously diagnosed with GAD. Type of Analysis: Completor analysis	n= 231 Age: Mean 43 Range 25-50 Sex: all females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by previous diagnosis (no diagnosis tool mentioned) Exclusions: a) If they were not female & had not been	**Data Used** STAI-total	**Group 1 N= 50** Internet delivered mindfulness stress reduction. Mean dose 8 sessions (unclear of length) - Included (a) focusing on mindfulness of breath, (b) formal sitting meditation, (c) body-scan meditation and (d) yoga. Asked to practice exercises for a min of 10 mins a day, 6 days per week.Therapist competence: No therapist	Quality assessment completed: selection bias = unclear risk of bias, performance bias = low risk of bias, attrition bias = high risk of bias, detection bias = unclear risk of bias. No information on funding provided;

Blindness: Open Duration (days): Mean 56 Followup: No follow up Setting: Outpatients, U.S. Self selected Notes: RANDOMISATION: random number or letter and only the primary investigator had access to the data Info on Screening Process: 1049 assessed for eligiblility, 268 excluded as not meeting inclusion criteria, a further 550 did not complete pretests & baseline information, 90 excluded as did not return post-tests	diagnosed with generalized anxiety disorder, b) not currently in good health as acknowledged by their primary care physician; c) did not complete the informed consent; d) were not between the ages of 25 and 50; e) did not have access to the Internet or were not able to read and write the English language. Notes: It was assumed that the participants were accurately diagnosed with generalised anxiety disorder Baseline: STAI: Treatment = 37 (7), Control = 47 (9). Completion rates: All completed in each group (a random selection of all completors was chosen for analysis).	Notes: Drop outs: Treatment= 32/116, Control = 58/115 (note high drop outs). Also only 50 from each remaining group selected randomly for analysis. Outcomes taken at pre-test and post-test (8 weeks). No follow-up analysis.	contact **Group 2 N= 50** Waiting-list control. Mean dose 8 weeks - received no treatment	
Results from this paper: Note on attrition: 84 of 116 in treatment group returned post-assessment & 50 of these were randomly selected. 57 of 115 in control group returned post-assessment & 50 of these were randomly selected. Conclusions: Treatment effective				
KASSINOVE1980 Study Type: RCT Study Description: Examined the impact of rational emotive bibliotherapy or audiotherapy on 34 clients with a variety of neurotic disorders Type of Analysis: Completors Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Recruited from a community mental health centre: U. S. Notes: RANDOMISATION: no details provided Info on Screening Process: No details provided	n= 34 Age: Range 21-56 Sex: 12 males 22 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned) Exclusions: a) not diagnosed as neurotic; b) had previously been in treatment at the center Notes: Were currently awaiting treatment for approximately 4 weeks Baseline: STAI-T: Bibliotherapy = 53.5 (10), Audiotherapy = 56 (14.3), WLC = 52.8 (10.2)	**Data Used** STAI-T Notes: Taken at pre- and post testing (after 8 weeks). No follow up analysis carried out. DROP OUTS: none. No details on completion rates.	**Group 1 N= 11** Rational emotive audiotherapy. Mean dose 16 sessions (1 hour each) - Came to centre twice per week for 8 weeks. No therapist contact. Asked to listen to a tape developed by rational emotive experts with an aim to encourage rational thinking & develop a more appropriate philosophy of life. No assignment given. **Group 2 N= 11** Rational emotive bibliotherapy. Mean dose 16 sessions (1 hour each) - Came to centre twice per week for 8 weeks & were given a reading assignment. Read 1/more chapters from book on rational emotive background at each session & asked to complete 3-5 easy questions after each assignment. No therapist contact. **Group 3 N= 12** Waiting-list control. Mean dose 8 weeks - Were told they were recommended for individual psychotherapy but since a therapist was unavailable they would have to wait. They were told to contact center if an emergency were to arise.	Quality assessed: Unclear risk of bias for selection, performance, attrition & detection. Funding: none declared.
Results from this paper: Both treatments were effective, however, bibliotherapy had a larger effect in comparison with audiotherapy.				
KITCHINER2009 Study Type: RCT Study Description: Examined the relative effectiveness of a six week CBT education evening class, an anxiety management group & WLC group in the treatment of anxiety. Type of Analysis: Intention to treat (LOCF) Blindness: No mention Duration (days): Mean 42 Followup: 1, 3 & 6 month follow up (1 month follow up reported for all groups, 3 & 6 not	n= 73 Age: Mean 40 Range 16-65 Sex: 38 males 35 females Diagnosis: 100% Anxiety disorders by DSM-IV Exclusions: (a) previous course of CBT (individual or group) or anxiety management; (b) changed psychotropic medication within the preceding four weeks; (c) evidence of psychosis, substance dependency, or other primary DSM-IV	**Data Used** General health questionnaire-anxiety Beck Depression Inventory Fear Questionnaire	**Group 1 N= 25** CBT group adult psychoeducation. Mean dose 6 (2 hours each) - Delivered by 2 experienced mental health nurses with extensive experience of treating out-patients with CBT under supervision (one had received training from J. White and delivered several groups of SC before the study commenced).	Quality assessed: selection bias = unclear risk, performance bias = unclear risk, attrition bias = unclear risk, detection bias = unclear risk. FUNDING: none declared.

reported for WLC) Setting: Secondary care, University Hospital of Wales, Cardiff. Psychoeducation held in School of nursing. The AM took place in the local psychiatric hospital. Notes: RANDOMISATION: randomly allocated to one of the three groups by computer generated randomization codes concealed in opaque brown envelopes. Info on Screening Process: 99 screened, 23 were excluded. Of those excluded 14 had a primary diagnosis of depression, one was alcohol dependent, two had a learning disability, one had a personality disorder, one obsessive compulsive disorder and four no psychiatric disorder.	axis I disorder; (d) severe physical illness; (e) severe personality disorder; and (f) cognitive impairment. Notes: Excluded obsessive compulsive disorder & PTSD. Mainly chronic anxiety disorder sufferers who had been referred to secondary care following a trial of treatment in primary care. 19% were referred from primary care and 81% from secondary care. Baseline: Psychoeducation group (SC) had fewer females (32% vs 63%) & AM group had fewer with a previous medical history (60% vs 29%). Sickness in days SC = 87 (121.6), AM = 59 (109.2), WLC = 34 (92.2)	Notes: Psychoeducation: 9/25 dropped out. 12% attended all sessions, 24% attended 5 sessions. AM: 8/24 dropped out.13% attended all, 13% attended 5 sessions.	**Group 2 N= 24** Group Anxiety management training. Mean dose 6 (2 hours each) - Facilitated by 2 occupational therapists with 15-20 years experience of AM in groups. Designed to be more interactive with a broadly psycho-educational approach. A CBT model was used, with a strong emphasis on activity scheduling & relaxation techniques. **Group 3 N= 24** Waiting-list control. Mean dose 6 - Received no intervention until one month after the active interventions finished when they were offered their choice of a psychoeducation or anxiety management course.	
Results from this paper: Meta analysis revealed that CBT and anxiety management interventions resulted in small to moderate, yet statistically insignificant effects on depression and anxiety scores when compared to waiting list. Conclusions: Unlike similar interventions in primary care settings (e.g. WHITE1992), this study is not as effective. This could be due to the chronic condition that characterizes this study's participants.				
LUCOCK2008 Study Type: Quasi-randomised Study Description: A time-cohort clinical trial in which patients were offered a brief, low cost, low intensity self-help intervention while waiting for therapy. Type of Analysis: ITT (LOCF) Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Multi-professional adult psychological therapy service in which patients were offered a self-help intervention; Wakefield Metropolitan district Notes: RANDOMISATION: Time-cohort (ABAB) design. Info on Screening Process: 1278 patients assessed, 1102 excluded as not meeting inclusion criteria & further 80 did not give informed consent. Reasons for exclusion: offered group work/individual therapty during study, failing to attend appointments return or questionnaires etc.	n= 96 Age: Mean 40 Range 20-65 Sex: 34 males 62 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned) Exclusions: a) Did not have one of the following disorders as a main presenting problem: panic disorder, generalized anxiety disorder, agoraphobia, social phobia, health anxiety, and specific phobias; b) Patients with a main problem of post traumatic stress disorder or obsessive compulsive disorder were excluded because the self-help pack was not deemed suitable; c) Patients with psychosis and substance misuse as the main presenting problem were also excluded; d) Patients with other concurrent mental health problems such as depression were included as long as one of the appropriate anxiety problems was a major presenting problem for which the patient wanted help. Notes: No attempt was made to exclude patients on the basis of severity or co-morbidity. 52 had GAD, 43 had panic & 50 had depression as a main concurrent problem. Baseline: all comparable. No details on completion rates.	**Data Used** Remission (cut-off of 10 on CORE-OM scale) CORE-OM (Clinical Outcomes in Routine Evaluation) Hospital Anxiety and Depression Scale (anxiety) Hospital Anxiety and Depression Scale (depression) Notes: *1st degree in psychology, attended a university module of guided self-help for anxiety & depression that included assessment of client work skills. Also, supervised by consultant clinical psychologist with a CBT qualification	**Group 1 N= 48** Bibliotherapy-guided & CBT based. Mean dose 8 (no mention of length of each session) - Self-help pack rcv w/in 2wks: 40min initial session with psychology assistant (*see left) to explain the pack. Recognizing and dealing with anxious thinking, physical effects of anxiety, effects on mood and behaviour, dealing with setbacks. 21 drop outs **Group 2 N= 48** Waiting-list control. Mean dose 8 - 15 dropped out	Quality assessed: selection bias = high risk of bias, performance bias = unclear risk, attrition bias = low risk, detection bias = unclear risk. FUNDING: none mentioned.
Results from this paper: Small effect for guided bibliotherapy in comparsion to WLC.				
MAUNDER2009 Study Type: RCT Study Description: A pilot study to investigate the effectiveness of self-help materials for the treatment of anxiety & depression in an adult male prison population. Type of Analysis: Completors Blindness: Single blind Duration (days): Mean 28 Followup: 4 weeks (not extractable)	n= 38 Age: Mean 35 Sex: all males Diagnosis: 100% Anxiety disorders by cut off score of 8 on HADS- anxiety subscale Exclusions: a) more serious mental health problem for example psychosis or organic brain disorder, current active self-harm; b) unable to read the booklets (i.e., non-English	**Data Used** Remission (score of less than 8 on HAD-ANX scale) Hospital Anxiety and Depression Scale (anxiety) **Data Not Used** Patient Satisfaction - no data Brief symptom inventory - no data	**Group 1 N= 20** Bibliotherapy-unguided. Mean dose 4 weeks (no sessions) - Participants were instructed to read the booklet, do the exercises, complete the time diary (to record when they used the booklet) and think about their personal reactions to the booklet. Also experienced TAU (see next)	Quality assessed: selection = low risk of bias, performance = low risk of bias, attrition = unclear risk of bias, detection = low risk of bias. FUNDING: Supported by a small research grant from Northumberland Care Trust; author developed some SH material

prison; UK Notes: RANDOMISATION: Blocked & using computer generated number sequences Info on Screening Process: 85 invited to participate, 25 refused & 10 were discharged or transferred. A further person withdrew at the assessment stage	speakers, illiterate, or learning disability) Notes: 82.6% completed the 2nd assessment & 71.7% completed the 3rd assessment. No details of treatment completion for either group. Baseline: No significant differences in baseline socio-demographic characteristics or anxiety scores between the anxiety treatment and anxiety control group. However, the treatment group had a longer length of sentence than the control group.	Notes: Taken at baseline, 4 & 8 weeks. DROP OUTS: Treatment = 7/20, Control = 2/18. Response is based on HADS-anxiety subscale.	**Group 2 N= 18** TAU. Mean dose 4 weeks - Received an opaque envelope with a blank paper inside & information that they would be recalled in 4 weeks to complete the measures again & receive the booklet. Experienced TAU including medication, support, counselling, or other psychological therapies.	
Results from this paper: Treatment effective				
SORBY1991 Study Type: RCT Study Description: Examines the effectiveness of the use of an anxiety management booklet in addition to treatment as usual from GP Type of Analysis: Completor Blindness: No mention Duration (days): Mean 56 Followup: No follow up analysis Setting: Outpatient: UK Notes: RANDOMISATION: randomly allocated to groups by GP using a random card pack. Info on Screening Process: 64 screened, 4 exculded as failed to meet inclusion criteria	n= 60 Age: Range 18- Sex: 11 males 49 females Diagnosis: Anxiety disorders by DSM-III Exclusions: Patients who had an additional diagnosis of obsessional compulsive disorder, psychotic disorder, melancholia, or alcohol or substance misuse were excluded. Notes: A defined diagnosis of panic disorder (20-30%) or any of its subtypes including phobic avoidance or GAD. Note in TAU % of GAD & depression doubles in treatment group. Baseline: More patients in treatment group (33.3%) had PD without phobic avoidance than in the control group (5.3%), they also had less limited symptom attacks in treatment group (3.3%) than control (10.5%), & were less likely to have GAD (10.5% vs. 21.1%), and major depression (3.3% vs. 10.5%). However, no significant differences found.	**Data Used** Symptoms rating test-depression subscale Symptoms rating test-anxiety subscale Hospital Anxiety and Depression Scale (anxiety) Notes: DROP OUTS: TAU = 4/31, Treatment = 0/33, Completion rates: 19/31 in TAU & 30/33 in treatment.Taken at initial consultation, two, four and eight weeks (post-treatment). No follow up analysis carried out. HADS= hospital anxiety subscale	**Group 1 N= 33** Bibliotherapy- guided, AMT + TAU. Mean dose 8 weeks (no mention of number of sessions or time) - Up to 10 mins were spent explaining the contents. Booklet describes how anxiety operates in terms of the three factor theory of physical, mental & avoidance components. Advice is given on how readers can intervene at different stages in the anxiety cycle. **Group 2 N= 31** Treatment as usual. Mean dose 8 weeks	Quality assessed: Selection bias = high risk of bias, Performance bias = unclear risk of bias, attrition bias = unclear risk of bias, detection bias = unclear risk of bias. FUNDING: No details provided.
Results from this paper: The booklet added onto the TAU's effectiveness, however, the bias casts doubt on the findings.				
TARRIER1986 Study Type: RCT Study Description: To examine the effects of 1 session of ART (demonstration, biblio/audiotherapy or all) in patients with GAD & panic attacks. Type of Analysis: unclear Blindness: No mention Duration (days): Mean 23 Followup: No follow up analysis Setting: Secondary care, participants referred by psychiatrists or GPs in UK Notes: RANDOMISATION: No details provided Info on Screening Process: No details provided	n= 50 Age: Mean 41 Sex: 20 males 30 females Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned) Exclusions: (a) not experiencing panic attack; (b) not experiencing high levels of general anxiety and tension, or complaining of an inability to relax most of the time; (c) no physical symptoms of anxiety being present; d) if their principal complaint was of situational anxiety or they were at risk of suicide Notes: They experience panic attacks that were not situationally determined, high levels of general anxiety and tension, physical symptoms of anxiety being present and a major source of complaint. Many on drugs, but felt not helpful anymore Baseline: Groups were comparable on all prognostic & demographic factors. Compliance of 100% would be achieved if the exercise routine was practiced once a day. 24% of participants had a compliance of 76% or more.	**Data Used** Compliance Symptoms rating test-depression subscale Symptoms rating test-anxiety subscale Notes: 60% were provided further treatment (non-remission): differences among the treated groups was not significant. Overall 4 people dropped out, unclear how many from each group.	**Group 1 N= 40** Applied relaxation (self-help). Mean dose 1 session (does not state length of session) - Taught by means of participant demonstration, written instructions, taped instructions, or a combination of all. Components include a) self-monitoring; b) correct breathing; c) muscle relaxation & d) positive mental imagery. Average number of days 23. **Group 2 N= 10** Waiting-list control	Quality assessed: Selection bias = unclear, Performance bias = unclear, Attrition bias = Unclear, Detection bias = unclear risk. FUNDING: no mention. No comment on therapist involvement or competence.

	Mean compliance of 68%. No significant differnces between groups with regard to compliance.			
Results from this paper: Treatment group participants are instructed to full practice once a day = 100% compliance. Type of instruction did not matter.				
TITOV2009A Study Type: RCT Study Description: Examined the effectiveness of clinician-assisted internet-based treatment (worry programme) for GAD Type of Analysis: Intention to treat Blindness: No mention Duration (days): Mean 63 Followup: No follow up analysis Setting: Community, participants were self-recruited by online application in Australia Notes: RANDOMISATION: via a true randomization process Info on Screening Process: 67 individuals were screened for the programme & 6 were excluded for not meeting inclusion criteria	n= 48 Age: Mean 44 Range 18- Sex: 14 males 34 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: (i) not a resident of Australia; (ii) younger than 18 years of age; (iii) had no access to a computer, the Internet, and use of a printer; (iv) currently participating in CBT; (v) using illicit drugs or consuming more than three standard drinks per day; (vi) currently experiencing a psychotic mental illness or severe symptoms of depression (defined as a total score >23 or responding >2 to Question 9 (suicidal ideation) on the Patient Health Questionnaire Item (PHQ-9) ; and (vii) being on an inconsistent dosage of medicine in last month or not willing to keep dosage constant Notes: Completion: A total of 75% (18/24) of treatment groups completed 6/6 lessons within 9 weeks. 1 failed to start programme. Baseline: No between group differences on demographic characteristics, pre-treatment measures or pre-treatment expectations	**Data Used** Remission: GAD-7 score < 10 Response = >50% reduction of pre-treatment GAD-7 Penn State Worry Questionnaire Patient health questionnaire-item 9 GAD-7 item **Data Not Used** Sheehan Disability Scale (SDS) Notes: Taken at pre and post (9 weeks). No follow-up analysis. DROP OUTS: CCBT: 1/25 did not start programme, 6/24 started but dropped out, WLC: 2/23 did not complete pre-treatment questionnaires, 2/21 did not complete post-treatment questionnaires	**Group 1 N= 25** CCBT. Mean dose 6 sessions - Consisted of following for each lesson: a homework assignment ; an online discussion forum; and instant messaging to allow secure email-type messages with a clinician. Clinician (clinical psychologist) spent 22 mins per session with client . **Group 2 N= 23** Waiting-list control. Mean dose 9 weeks	Quality assessed: Selection bias = low risk of bias, performance bias = low risk, attrition bias= unclear risk, detection bias = unclear risk. FUNDING: Australian Rotary Health Research Fund
Results from this paper: Treatment effective				
VANBOIEJEN2005 Study Type: RCT Study Description: To compare the effectiveness and feasibility of guided self-help, the anxiety disorder guidelines of the Netherlands College of GPs & CBT. Type of Analysis: Intention to treat (LOCF) Blindness: No mention Duration (days): Mean 84 Followup: Follow up at 3 & 9 months (both extractable) Setting: Secondary care, participants recruited from 46 GP practices in Netherlands Notes: RANDOMISATION:Computerised randomisation, assignments were put in sequentially numbered, sealed, opaque envelope by an independent statistician Info on Screening Process: 287 screened, 145 excluded: 63 refused to participate, 70 did not meet the inclusion criteria, 5 did not receive treatment (either misdiagnosed or refused), 11 did not fill out pretest scores	n= 142 Age: Mean 38 Range 18- Sex: 53 males 89 females Diagnosis: 100% Anxiety disorders by DSM-IV Exclusions: a) the presence of an organic mental disorder; mental retardation or a psychotic disorder; b) treatment of anxiety disorders in the recent past; c) use of antidepressants or the use of more than 30 mg oxazepam equivalents daily. Notes: 142 primary care patients with PD (N=32), PD + agoraphobia (66), GAD (44), PD + GAD (40) Baseline: Comparable on all possible confounding & prognostic factors. Mean duration of disorder: 6-10 yrs	**Data Used** Beck Depression Inventory Penn State Worry Questionnaire STAI-trait STAI-S Notes: Taken at pretest, 12 weeks (post-test), 3 months & 9 months follow up. DROP OUTS: manual = 6/53 (11%), CBT = 9/63 (14%), TAU = 2/26 (8%), Completors: Manual = 47/53, CBT = 54/63, TAU = 24/26	**Group 1 N= 53** Bibliotherapy-guided & CBT based. Mean dose five 20 min sessions) - Carried out by a GP (received 2 educational meetings on diagnosis & treatment of anxiety & supervision every 2 months). Participants put techniques into practice for 3 hours per week. GP reinforced achievements & motivated them. **Group 2 N= 63** CBT. Mean dose 12 45 min sessions - Carried out by a CBT therapist (extensive experience in treatment of anxiety, also supervised by one of the authors weekly). Also practiced for 3 hours a week. Received a handbook, behavioural experiments & in vivo exposure exercises **Group 3 N= 26** Treatment as usual. Mean dose 12 weeks - Carried out by a GP & based on CBT principles. GPs received same training as before. GP was free to choose no. of sessions & intervention & was allowed to refer the patient for relaxation or psychiatric treatment & to prescribe antidepressants or benzos	Quality assessed: selection bias = low risk of bias, performance bias = unclear, attrition = low, detection = unclear. FUNDING: Netherlands organization.

Results from this paper:

TAU condition is quite unstructured compared with group 1 and 2. Three treatment groups differ mainly in intensity and complexity

Conclusions: Three treatments didn't differ significantly

WHITE1992a

Study Type: Quasi-randomised

Study Description: Examined the efficacy of either cognitive, behavioural, CBT, or placebo versions of 'stress control' large group didactic therapy

Type of Analysis: Completors

Blindness: No mention

Duration (days): Mean 42

Followup: 6 months (data available for extraction)

Setting: Secondary care, participants referred by GPs in Scotland.

Notes: Randomisation: Patients were referred in batches to whichever therapy course was scheduled next.

Info on Screening Process: 167 screened, 58 excluded due to not meeting criteria

n= 109

Age: Mean 38 Range 18-65

Sex: 30 males 79 females

Diagnosis:
100% Generalised Anxiety Disorder (GAD) by DSM-III-R

Exclusions: Not given a primary diagnosis of GAD, not in 18-65 age range, previous contact with a clinical psychology department, concurrent therapy from clinical psychology or psychiatry or previous experience of CBT, taking psychotropic medication at irregular dosages throughout therapy, anxiety severity level over 5, no written consent from patient or GP

Notes: DROP OUTS: Placebo = 0/10, BT = 5/31 (15%), WLC = 0/11, CBT = 4/26 (16%), CT = 4/31 (12%). 110/119 participants completed the course (i.e. attended 5 or more sessions/6).

Baseline: No significant differences found

Data Used

Modified somatic perception questionnaire

Fear survey Schedule -III

STAI-T

Dysfunctional Attitude Scale

Beck Depression Inventory

Notes: Taken at baseline, 6 weeks and 6 months follow up. Therapist involvement: 2 therapists offered 12 hours of therapy between 24 patients (half an hour of therapy each).

Group 1 N= 10

Behaviour therapy version of 'stress control'. Mean dose 6 - (subconscious retraining) patients were told they were listening to apparent 'subliminal anti-anxiety messages' on tapes, but in fact there was none present. Involved 6x2hour evening sessions. No details provided on therapist competence.

Group 2 N= 31

Behaviour therapy version of 'stress control'. Mean dose 6 - Involved progressive muscular relaxation, functional analysis, targeting and graded exposure, behavioural relaxation training and behaviou treatment of panic.

Group 3 N= 11

Waiting-list control. Mean dose 6 - Joined second CT course after 6 weeks

Group 4 N= 26

CBT version of 'stress control'. Mean dose 6 - involved an amalgam of the techniques from behaviour & cognitive versions of stress controll large group didatic therapies. (equivalent to Kitchiners CBT group)

Group 5 N= 31

Cognitive therapy version of 'stress control'. Mean dose 6 - involved the identification and monitoring of automatic thoughts, rational re-appraisal of these and of dysfunctional attitudes. No relaxation or behavioural tech involved.

FUNDING: Lanarkshire health board, Quality assessed: Selection bias= high risk, performance bias: unclear risk, attrition bias = unclear risk, detection bias = unclear risk of bias.

Results from this paper:

Main components: 1) review; 2) education (talk given on topic each session); 3) threapy; 4) workshop-for practice; 5) HW assignments - reviews to consolidate; and participants are given booklets for each treatment

NB: psychologist role as educator, organise self help service, instead of being the therapist

Conclusions: All treatments are effective, but not statistically significantly different from each other

WHITE1995

Study Type: RCT

Study Description: Tested the efficacy of a self-help anxiety management package amongst individuals meeting DSM-III-R criteria for anxiety disorders

Type of Analysis: Completor

Blindness: No mention

Duration (days): Mean 90

Followup: no follow up data extractable

Setting: Secondary care, participants referred by GPs in UK

Notes: RANDOMISATION: No details provided

n= 62

Age: Mean 38 Range 18-65

Sex: 26 males 36 females

Diagnosis:
100% Anxiety disorders by DSM-III-R

Exclusions: a) not meeting diagnostic criteria for any DSM-III-R anxiety disorder as the prinicpal diagnosis; b) a GSI score less than 63 on the SCL90-R; c) a score of less than 11 on the HADS (anxiety); d) not aged between 18-65; e) previous contact with a clinical psychologist; f) concurrent treatment from clinical psychology or psychiatry, or previous experience of CBT; g) recent change in psychotropic medication; h) evidence of psychotic, alcohol or drug

Data Used

Remission (score of less than 8 on HAD-ANX scale)

Hospital Anxiety and Depression Scale (depression)

Hospital Anxiety and Depression Scale (anxiety)

SCL-90R- Positive symptoms toal scores

SCL-90 General Severity index

ADIS-R (clinical severity)

Group 1 N= 21

Bibliotherapy-unguided. Mean dose Number of sessions unclear - "Stresspac" Consisted of a booklet & a tape. Treatment is based on CBT principles including exposure, desensitize,advice & relaxation. 30 mins of a description of pack & how to use given beforehand. No advice on dealing with specific problems was offered.

Quality assessed: Selection bias = unclear, performance bias = unclear, attrition bias = unclear, detection bias = unclear; 100% completion

excluded: 8 refused to enter project, 9 did not reply, & 18 did not reach diagnostic or severity criteria.	problems or no written informed consent from patients Notes: 44% had GAD as a primary diagnosis Baseline: Groups were comparable on all baseline stats. Completion rates: Advice only (info control) = 18/20, WLC = 3/17, Stresspac = 100%	Notes: Outcomes extracted at baseline & post-therapy (after 3 months). No follow up extractable as placed in high intensity therapy after 3 months. Drop outs: IC = 2/20, WLC = 3/20, B = 0/21	**Group 2 N= 20** Information control. Mean dose 3 months (no details on sessions) - Were offered specific verbal advice on ways of coping, with specific problems elicited during assessment. No written or taped material was offered **Group 3 N= 20** Waiting-list control. Mean dose 3 months - Had no contact with the therapist during the 3 months wait.	
Results from this paper: Treatment aim: see if low intensity treatment is beneficial while ppl wait for high intensity treatment. Conclusions: Stresspac effective and serve as good pretreatment for a high intensity treatment				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
AGNIHOTRI2007	Biofeedback training-not low intensity
BENSON1978	Outcomes were not relevant or comparable
CALEAR2009	Participants were under 18
CANTER1975	No control group
CAVANAGH2006	Open trial
CRAGAN1984	Non-clinical sample
CRITSCHRISTOPH1996	High intensity intervention & non-RCT
CUNNINGHAM2007	Participants were under 18
DEBERRY1989	Non-clinical sample
DEFFENBACHER1979	Non-clinical sample
DENBOER2007	High intensity psychological intervention & no/few GAD
DONKER2009	Study protocol, subclinical population
DONNAN1990	No data available
DRAPER2008a	N<3
FANGET1999	Social phobia only & French
FINCH2000	Study design, outcomes not comparable & subclinical
FLANDERS1987	Non-clinical population
FLETCHER2005	Mixed anxiety & depression
GOLDMAN2007	Non-clinical population
HELBIG2007	In german
HOLDSWORTH1996	No SD or p values reported. Contacted author, but retired.
HUTCHINGS1980	Non-clinical population
JANNOUN1982a	Diagnostic crteria & high intensity
KUPSHIK1999	Data not extractable
LANGE2004	In german
LEARMONTH2008	Non-RCT
LEBOEUF1980	No control group
LEE2007A	High intensity intervention
LEHRER1983	Non-clinical sample
LESTE1984	Non-clinical sample
LEWIS1978	Non-clinical population

MARKS2003	Open trial
MARKS2004A	Insufficient amount of clients who had GAD
MARTINSEN1989	Outcomes not comparable and not extractable.
MCENTEE1999	Data not extractable
MEAD2005	Mixed anxiety & depression
MEROM2008	Low intensity intervention as an adjunct to a high intensity intervention
MILNE1988	n<10 in each group
MORRISON1983	Non-RCT, subclinical population, no description of therapies
NAKAHARA2007	n<10 in each group
NUEVO2004	Non-RCT, in Spanish
O'NEIL1999	n<10 in each group. Also, subclinical sample
PALLESCHI1998	Open trial
PHONGSAVAN2002	Process evaluation, no intervention
PHONGSAVAN2008	Low intensity intervention as an adjunct to a high intensity intervention
PROUDFOOT2003A	Data included in Proudfoot 2004 paper
PROUDFOOT2004	Mixed anxiety & depression
PURVES2009	Open trial
RADLEY1997	Within subject changes. Also only 9 participants
REEVES2005	Study design-no control, non randomized
RICHARDS2003	Mixed anxiety & depression
RIVA2009	Study protocol only
ROBB2000	Study design, subclinical population
SALEMINK2009	Subclinical population & not a low intensity intervention
SALLIS1983	Less than 10 participants in each arm
SARKAR1999	Not a low intensity intervention
SCHNEIDER 2005a	No GAD clients
STEPTOE1989	Non-clinical population
SULLIVAN2007	Collaborative care not low intensity
TAKAISHI2000	No relevant outcomes
TELLO2002	Non-randomized, Spanish, protocol
THOMAS1978	Non-clinical population
TOWNSEND1975	Biofeedback- not low intensity
TYRER1988	Data not extractable
TYRER1993	Outcomes are irrelevant & not comparable
WHITE2000	Uncontrolled trial
WOOD2005	Pilot study, no diagnosis

References of Included Studies

BOWMAN1997 (Published Data Only)

Floyd, M., McKendree-Smith, N., Bailey, E., et al. (2002) Two-year follow-up of self-examination therapy for generalized anxiety disorder. Journal of anxiety disorders, 16, 369-375.

*Bowman, D., Scogin, F., Floyd, M., et al. (1997) Efficacy of self-examination therapy in the treatment of generalized anxiety disorder. Journal of Counseling Psychology.44, 267-273.

HOUGHTON2008 (Published Data Only)

Houghton, V. (2008) A quantitative study of the effectiveness of mindfulness-based stress reduction treatment, using an internet-delivered self-help program, for women with generalized anxiety disorder. Dissertation Abstracts International: Section B: The Sciences and Engineering, 69 (5-B), 2008, 3311.

KASSINOVE1980 (Published Data Only)

Kassinove, H., Miller, N., & Kalin, M. (1980) Effects of pretreatment with rational emotive bibliotherapy and rational emotive audiotherapy on clients waiting at community mental health center. Psychological reports, 46, 851-857.

KITCHINER2009 (Published Data Only)

Kitchiner, N., Edwards, D., & Wood, S. (2009). A randomized controlled trial comparing an adult education class using cognitive behavioural therapy ('stress control'), anxiety management group treatment and a waiting list for anxiety disorders. Journal of Mental Health..

LUCOCK2008 (Published Data Only)

Lucock, M., Padgett, K., Noble, R., et al. (2008) Controlled clinical trial of a self-help for anxiety intervention for patients waiting for psychological therapy. Behavioural and Cognitive Psychotherapy, 36, 541-551.

MAUNDER2009 (Published Data Only)

Maunder, L., Cameron, L., Moss, M., et al. (2009) Effectiveness of self-help materials for anxiety adapted for use in prison- a pilot study. Journal of Mental Health, 18, 262-271.

SORBY1991 (Published Data Only)

Sorby, N. G., Reavley, W., & Huber, J. W. (1991) Self help programme for anxiety in general practice: Controlled trial of an anxiety management booklet. British Journal of General Practice, 41, 417-420.

TARRIER1986 (Published Data Only)

Tarrier, N. & Main, C. J. (1986) Applied relaxation training for generalised anxiety and panic attacks: The efficacy of a learnt coping strategy on subjective reports. British Journal of Psychiatry, 149, 330-336.

TITOV2009A (Published Data Only)

Titov, N., Andrews, G., Robinson, E., et al. (2009) Clinician-assisted internet-based treatment is effective for generalized anxiety disorder: Randomized controlled trial. Australian & New Zealand Journal of Psychiatry, 43, 905-912.

VANBOIEJEN2005 (Published Data Only)

Van Boeijen, C. A., Oppen, P. V., Van Balkan, A., et al. (2005) Treatment of anxiety disorders in primary care practice. British journal of general practice, 55, 763-769.

WHITE1992a (Published Data Only)

White, J. (1998) "Stress control" large group therapy for generalized anxiety disorder: Two year follow-up. Behavioural and Cognitive Psychotherapy, 26, 237-245

White, J., Keenan, M., & Brooks, N. (1992). Stress control: A controlled comparative investigation of large group therapy for generalized anxiety disorder. Behavioural Psychotherapy, 20, 97-113.

WHITE1995 (Published Data Only)

White, J. (1998) "Stresspac": Three-year follow-up of a controlled trial of a self-help package for the anxiety disorders. Behavioural and Cognitive Psychotherapy, 26, 133-141.

White, J. (1995) Stresspac: A controlled trial of a self-help package for the anxiety disorders. Behavioural and Cognitive Psychotherapy, 23, 89-107.

References of Excluded Studies

AGNIHOTRI2007 (Published Data Only)

Agnihotri, H., Paul, M., Sandhu, J. S. (2007) Biofeedback approach in the treatment of generalized anxiety disorder. Iran Journal of Psychiatry, 2, 90-95.

BENSON1978 (Published Data Only)

Benson, H., Frankel, F. H., Apfel, R., et al. (1978) Treatment of anxiety: A comparison of the usefulness of self-hypnosis and a meditational relaxation technique. An overview. Psychotherapy & Psychosomatics., 30, 229-242.

CALEAR2009 (Published Data Only)

Calear, A. L., Christensen, H., Mackinnon, A. (2009) The YouthMood Project: A cluster randomized controlled trial of an online cognitive behavioural program with adolescents. Journal of Consulting and Clinical Psychology, 77, 1021-1032.

CANTER1975 (Published Data Only)

Canter, A., Kondo, C. Y., & Knott, J. R. (1975) A comparison of EMG feedback and progressive muscle relaxation training in anxiety neurosis. British Journal of Psychiatry, 127, 470-477.

CAVANAGH2006 (Published Data Only)

Cavanagh, K., Shapiro, D. A., Van, D., et al. (2006) The effectiveness of computerized cognitive behavioural therapy in routine care. British Journal of Clinical Psychology, 45, 499-514.

CRAGAN1984 (Published Data Only)
Cragan, M.K. & Deffenbacher, J.L. (1984) Anxiety management training and relaxation as self-control in the treatment of generalized anxiety in medical outpatients. Journal of Counseling Psychology, 31, 123-131.

CRITSCHRISTOPH1996 (Published Data Only)
Crits-Christoph, P., Connolly, M. B., Azarian, K., et al. (1996) An open trial of brief supportive-expressive psychotherapy in the treatment of generalized anxiety disorder. Psychotherapy, 33, 418-430.

CUNNINGHAM2007 (Published Data Only)
Cunningham, M. & Wuthrich, V. (2007) Review of The Cool Teens CD-ROM: An Anxiety Management Program for Young People. Journal of Family Studies, 13, 125-129 .

DEBERRY1989 (Published Data Only)
DeBerry, S., Davis, S., & Reinhard, K.E. (1989) A comparison of meditation-relaxation and cognitive/behavioural techniques for reducing anxiety and depression in a geriatric hospital. Journal of Geriatric Psychiatry, 22, 231-247.

DEFFENBACHER1979 (Published Data Only)
Deffenbacher, J.L., Mathis, H., & Michaels, A.C. (1979) Two self-control procedures in the reduction of targeted and nontargeted anxieties. Journal of Counseling Psychology, 26, 120-127.

DENBOER2007 (Published Data Only)
Stant A. D., Ten Vergert, D. M., Wiersma, D. (2008) Cost-effectiveness of cognitive self-therapy in patients with depression and anxiety disorders. Acta Psychiatrica Scandinavica 117, 57-66.
DenBoer, P. C., Wiersma, D., Vaarwerk, I. T., et al. (2007). Cognitive self therapy for chronic depression and anxiety: A multi-centre randomized controlled trial. Psychological Medicine, 37, 329-339.

DONKER2009 (Published Data Only)
Donker, T., van, S., Riper, H., et al. (2009) Implementation of internet-based preventive interventions for depression and anxiety: Role of support? The design of a randomized controlled trial. Trials., 10, 1-8.

DONNAN1990 (Published Data Only)
Donnan, P., Hutchinson, A., Paxton, R., et al. (1990) Self-help materials for anxiety: A randomized controlled trial in general practice. British Journal of General Practice., 40, 498-501.

DRAPER2008a (Published Data Only)
Draper, M., Rees, C. S., & Nathan, P. R. (2008) Internet-based self-management of generalised anxiety disorder: A preliminary study. Behaviour Change, 25, 229-244.

FANGET1999 (Published Data Only)
Fanget, F. (1999) Treatment of social phobias: Efficacy of cognitive and behavioural group therapy. L'Encephale: Revue de psychiatrie clinique biologique et therapeutique, 25, 158-168.

FINCH2000 (Published Data Only)
Finch, A., Lambert, M., & Brown, G. (2000) Attacking anxiety: A naturalistic study of a multimedia self-help program. Journal of Clinical Psychology.56, 11-21.

FLANDERS1987 (Published Data Only)
Flanders, F & McNamara, J. R. (1987) Relaxation training and home practice in the treatment of anxiety. Psychological Reports, 61, 819-822.

FLETCHER2005 (Published Data Only)
Fletcher, J., Lovell, K., Bower, P., et al. (2005) Process and outcome of an non-guided self-help manual for anxiety and depression in primary care: A pilot study. Behavioural and Cognitive Psychotherapy, 33, 319-331.

GOLDMAN2007 (Published Data Only)
Goldman, N., Dugas, M., Sexton, K., et al. (2007) The impact of written exposure on worry: A preliminary investigation. Behavior Modification.31, 512-538.

HELBIG2007 (Published Data Only)
Helbig, S. & Hoyer, J. (2007) A minimal intervention for waiting list patients in outpatient behavior therapy. Verhaltenstherapie, 17, 109-115.

HOLDSWORTH1996 (Published Data Only)
Holdsworth, N., Paxton, R., Seidel, S., et al. (1996) Parallel evaluations of new guidelines of new guidance materials for anxiety and depression in primary care. Journal of Mental Health, 5, 2, 195-207.

HUTCHINGS1980 (Published Data Only)
Hutchings, D. F., Denney, D. R., Basgall, J., et al. (1980) Anxiety management and applied relaxation in reducing general anxiety. Behavioural Research and Therapy, 18, 181-190.

JANNOUN1982a (Published Data Only)
Jannuon, L., Oppenheimer, C., & Gelder, M. (1982) A self-help treatment program for anxiety state patients. Behaviour Therapy, 13, 103-111

KUPSHIK1999 (Published Data Only)
Kupshik, G. A. & Fisher, C. R. (1999) Assisted bibliotherapy: effective, efficient treatment for moderate anxiety problems. British journal of General Practice, 49, 47-48.

LANGE2004 (Published Data Only)
Lange, A., Van de Ven, J. P., Schrieken, B. (2004). 'Interapy' burn-out. Verhaltenstherapie, 14, 190-199.

LEARMONTH2008 (Published Data Only)
Learmonth, D., Trosh, J., Rai, S., et al. (2008) The role of computer-aided psychotherapy within an NHS CBT specialist service. Counselling and Psychotherapy Research, 8, 117-123.

LEBOEUF1980 (Published Data Only)
LeBoeuf, A. (1980) A comparison of frontalis EMG feedback training and progressive relaxation in the treatment of chronic anxiety. British Journal of Psychiatry, 137, 279-284.

LEE2007A (Published Data Only)
Lee, S. H., Ahn, S. C., Lee, Y. J., et al. (2007) Effectiveness of a meditation-based stress management program as an adjunct to pharmacotherapy in patients with anxiety disorder. Journal of Psychosomatic Research., 62, 189-195.

LEHRER1983 (Published Data Only)
Lehrer, P.M., Woolfolk, R.L., Rooney, A.J., et al. (1983) Progressive relaxation and meditation. A study of psychophysiological and therapeutic differences between two techniques. Behaviour Research Therapy, 21, 651-662.

LESTE1984 (Published Data Only)
Leste, A. & Rust, J. (1984) Effects of dance on anxiety. Perception and Motor Skills, 58, 767-772.

LEWIS1978 (Published Data Only)
Lewis, C. E., Biglan, A. & Steinbock, E. (1978) Self-administered relaxation training and money deposits in the treatment of recurrent anxiety. Journal of Consulting and Clinical Psychology, 46, 1274-1283.

MARKS2003 (Published Data Only)
Marks, I. M., Mataix-Cols, P., Kenwright, et al. (2003) Pragmatic evaluation of computer aided self help for anxiety and depression. British Journal of Psychiatry, 183, 57-65.

MARKS2004A (Published Data Only)
Marks, I. M., Kenwright, M., McDonough, M., et al. (2004) Saving clinicians' time by delegating routine aspects of therapy to a computer: A randomized controlled trial in phobia/panic disorder. Psychological Medicine, 34, 9-18.

MARTINSEN1989 (Published Data Only)
Martinsen, E. W., Hoffart, A., & Solberg, Y. (1989) Aerobic and non-aerobic forms of exercise in the treatment of anxiety disorders. Stress Medicine, 5, 115-120.

MCENTEE1999 (Published Data Only)
McEntee, D. & Halgin, R. P. (1999) Cognitive group therapy and aerobic exercise in the treatment of anxiety. Journal of College Student Psychotherapy, 13, 37-55.

MEAD2005 (Published Data Only)
Mead, N., MacDonald, W., Bower, P., et al. (2005) The clinical effectiveness of guided self-help versus waiting-list control in the management of anxiety and depression: A randomized controlled trial. Psychological Medicine, 35, 1633-1643.

MEROM2008 (Published Data Only)
Merom, D., Phongsavan, P., Wagner, R., et al. (2008) Promoting walking as an adjunct intervention to group CBT for anxiety disorders. A pilot group randomized trial. Journal of anxiety disorders, 22, 959-968.

MILNE1988 (Published Data Only)
Milne, D. & Covitz, F. (1988) A comparative evaluation of anxiety management materials in general practice. Health Education Journal, 47, 67-69.

MORRISON1983 (Published Data Only)
Morrison, J. K., Becker, R. E., & Heeder, R. (1983) Reduction of anxiety: Comparative effectiveness of imagery psychotherapy vs self-help seminars. Psychological reports, 53, 417-418.

NAKAHARA2007 (Published Data Only)
Nakahara, T., Nakahara, K., Uehara, M., et al. (2007) Effect of juggling therapy on anxiety disorders in female patients. Biopsychosocial Medicine.1, 1-10.

NUEVO2004 (Published Data Only)
Nuevo, R. (2004) Effectiveness of a psycho-educative program to reduce excessive worry in older adults. 32nd.Congress.of the British Association for Behavioural and Cognitive Psychotherapies, Manchester, 76.

O'NEIL1999 (Published Data Only)

O'Neill, L.M., Barnier, A.J., McConkey, K. (1999) Treating anxiety with self-hypnosis and relaxation. Contemporary Hypnosis, 16, 68-80.

PALLESCHI1998 (Published Data Only)

Palleschi, L., De Gennaro, E., Sottosant, G. (1998) The role of exercise training in aged subjects with anxiety-depression syndrome. Archives of Gerontology, Supplement 6, 381-384.

PHONGSAVAN2002 (Published Data Only)

Phongsavan, P., Merom, D., Wagner, R., et al. (2002) Process evaluation in an intervention designed to promote physical activity among adults with anxiety disorders: Evidence of acceptability and adherence. Health Promotion Journal of Australia..

PHONGSAVAN2008 (Published Data Only)

Phongsavan, P., Merom, D., Wagner, R., et al. (2008) Process evaluation in an intervention designed to promote physical activity among adults with anxiety disorders: Evidence of acceptability and adherence. Health promotion journal of Australia : Official journal of Australian Association of Health Promotion Professionals, 19, 137-143.

PROUDFOOT2003A (Published Data Only)

Proudfoot, J., Goldberg, D., Mann, B., et al. (2003) Computerized, interactive, multimedia cognitive-behavioural program for anxiety and depression in general practice. Psychological Medicine, 33, 217-227.

PROUDFOOT2004 (Published Data Only)

McCrone, P., Knapp, M., Proudfoot, J., et al. (2004). Cost-effectiveness of computerised cognitive-behavioural therapy for anxiety and depression in primary care: randomised controlled trial. British Journal of Psychiatry, 185, 55-62.

Proudfoot, J., Ryden, C., Everitt, B., et al. (2004) Clinical efficacy of computerised cognitive-behavioural therapy for anxiety and depression in primary care: Randomised controlled trial. British Journal of Psychiatry, 185, 46-54

PURVES2009 (Published Data Only)

Purves, D., Bennett, M., & Wellman, N. (2009) An open trial in the NHS of Blues Begone: A new home based computerized CBT program. Behavioural and cognitive Psychotherapy, 37, 541-551.

RADLEY1997 (Published Data Only)

Radley, M., Redston, C., Bates, F., et al. (1997) Effectiveness of group anxiety management with elderly clients of a community psychogeriatric team. International Journal of Geriatric Psychiatry.12, 79-84.

REEVES2005 (Published Data Only)

Reeves, T. & Stace, J. M. (2005) Improving patient access and choice: Assisted Bibliotherapy for mild to moderate stress/anxiety in primary care. Journal of Psychiatric and Mental Health Nursing.12, 341-346.

RICHARDS2003 (Published Data Only)

Richards, A., Barkham, M., Cahill, J., et al. (2003). PHASE: A randomised, controlled trial of supervised self-help cognitive behavioural therapy in primary care. British Journal of General Practice, 53, 764-770.

RIVA2009 (Published Data Only)

Riva, G., Gorini, A., & Gaggioli, A. (2009) The Intrepid project - biosensor-enhanced virtual therapy for the treatment of generalized anxiety disorders. Studies in Health Technology & Informatics, 142, 271-276.

ROBB2000 (Published Data Only)

Robb, S. L. (2000) Music assisted progressive muscle relaxation, progressive muscle relaxation, music listening, and silence: A comparison of relaxation techniques. Journal of Music Therapy., 37, 2-21.

SALEMINK2009 (Published Data Only)

Salemink, E., van, d., & Kindt, M. (2009) Effects of positive interpretive bias modification in highly anxious individuals. Journal of Anxiety Disorders, 23, 676-683 .

SALLIS1983 (Published Data Only)

Sallis, J. F., Lichstein, K. L., .Clarkson, A. D, et al. (1983) Anxiety & depression management for the elderly. Journal of Behavioral Geriatrics, 1, 3-12.

SARKAR1999 (Published Data Only)

Sarkar, P., Rathee, S. P., & Neera, N. (1999) Comparative efficacy of pharmacotherapy and bio-feed back among cases of generalised anxiety disorder. Journal of Projective Psychology & Mental Health, 6, 69-77.

SCHNEIDER 2005a (Published Data Only)

Schneider, A., Mataix-Cols, D., Marks, I., et al. (2005) Internet-guided self-help with or without exposure therapy for phobic and panic disorders. Psychotherapy and Psychosomatics, 74, 154.

STEPTOE1989 (Published Data Only)
Steptoe, A., Edwards, S., Moses, J., et al. (1989) The effects of exercise training on mood and perceived coping ability in anxious adults from the general population. Journal of Psychosomatic Research, 33, 537-547.

SULLIVAN2007 (Published Data Only)
Sullivan, G., Craske, M. G., Sherbourne, C., et al. (2007) Design of the Coordinated Anxiety Learning and Management (CALM) study: Innovations in collaborative care for anxiety disorders. General Hospital Psychiatry, 29, 379-387.

TAKAISHI2000 (Published Data Only)
Takaishi, N. (2000) A comparative study of autogenic training and progressive relaxation as methods for teaching clients to relax. Sleep and Hypnosis, 5, 275-279.

TELLO2002 (Published Data Only)
Tello, B., Tellez, A., Ruiz, S., et al. (2002) Group techniques and relaxation in the treatment of several subtypes of anxiety: a non-randomized controlled trial. Atencion Primaria, 19, 67-71.

THOMAS1978 (Published Data Only)
Thomas, D. & Abbas, K. A. (1978) Comparison of transecendental meditation and progressive relaxation in reducing anxiety. British Medical Journal, 2, 1749.

TOWNSEND1975 (Published Data Only)
Townsend, R., House, J., & Addario, D. (1975) A comparison of biofeedback-mediated relaxation and group therapy in the treatment of chronic anxiety. American Journal of Psychiatry, 132, 598-601.

TYRER1988 (Published Data Only)
Tyrer, P., Murphy, S., Kingdon, D., et al. (1988) The Nottingham study of neurotic disorder: comparison of drug and psychological treatments. The Lancet, 30, 235-240.

TYRER1993 (Published Data Only)
Tyrer, P., Seiverwright, N., Ferguson, S, et al. (1993) The notthingham study of neurotic disorder: Relationship between personality status and symptoms. Psychological medicine, 20, 423-431.

WHITE2000 (Published Data Only)
White, J., Jones, R., & McGarry, E. (2000) Cognitive behavioural computer therapy for the anxiety disorders: A pilot study. Journal of Mental Health.9(5), 505-516 .

WOOD2005 (Published Data Only)
Wood, S. D., Kitchiner, N. J., & Bisson, J. I. (2005) Experience of implementing an adult educational approach to treating anxiety disorders. Journal of Psychiatric and Mental Health Nursing.12, 95 - 99.

© NCCMH. All rights reserved.