Characteristics Table for The Clinical Question: In the treatment of GAD, what are the risks and benefits associated with different complimentary therapies?

Comparisons Included in this Clinical Question

Acupuncture and chinese medication vs Doxepin RUAN2003	**Acupuncture vs Behavioural desensitization** GUIZHEN1998	**Acupuncture vs Behavioural desensitization + acupuncture** GUIZHEN1998	**Acupuncture vs Doxepin** ZHANG2003
Acupuncture vs Fluoxetine/Paroextine YUAN2007	**Acupuncture vs Flupentixol vs combined** Zhou 2003	**Acupuncture vs Lorazepam & plant extract Propranolol** ZHILING2006	**Acupuncture vs medication + acupuncture** Zhou 2003
Chamomile vs Placebo AMSTERDAM2009	**Chinese Taoist Psychotherapy vs Benzodiazepine** ZHANG2002	**Galphimia glauca vs lorazepam** HERRERA2007	**Ginkgo biloba vs Placebo** WOELK2007
Hypnotherapy vs Alprazolam ZHAO2005	**Passionflower vs oxazepam** AKHONDZADEH2001A	**Silexan vs Lorazepam** WOELK2010	**Study drug vs Placebo** HANUS2004
Valerian extract vs Diazepam ANDREATINI2002	**Valerian extract vs Placebo** ANDREATINI2002		

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
AKHONDZADEH2001A Study Type: RCT Study Description: 4 week double-blind study comparing passion flower extract and oxazepam. Type of Analysis: Completers Blindness: Double blind Duration (days): Mean 28 Setting: Outpatients: Iran. Notes: RANDOMISATION: no details provided. Info on Screening Process: No details provided.	n= 36 Age: Range 19-47 Sex: 16 males 20 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: History of serious suicide attempt or current acute suicidal ideation, an unexpected recent panic attack or full DSM-IV panic disorder within the previous 6 months, a life-time diagnosis of DSM-IV mania, psychosis, paranoia or dementia, concurrent or recent diagnosis of substance abuse, drug psychosis, OCD, hypomania, or major depression. Pregnant and lactating women. Notes: Ppts had a HAM-A score >=14. Ppts were free from all psychotopic medication for a minimum of 7 days before starting study. Baseline: No data provided.	**Data Used** Adverse events **Data Not Used** HAMA - no data Notes: Assessed by a psychiatrist at baseline and 4, 7, 14, 21 and 28 days after the medication started.	**Group 1 N= 18** Oxazepam. Mean dose 30mg/day - 30mg/day plus placebo drops. **Group 2 N= 18** Other active treatments. Mean dose 45 drops/day - Passionflower 'passiflora' extract. 45 drops per day plus placebo tablet.	Funding: no details provided. Quality assessed: - . To date, the only published clinical trial looking at effects of passionflower on treatment of anxiety.
AMSTERDAM2009 Study Type: RCT Study Description: Efficacy and tolerability trial of chamomile extract therapy in patients with GAD. Type of Analysis: ITT (LOCF)	n= 57 Age: Mean 46 Sex: no information Diagnosis:	**Data Used** Response (50% reduction in HAMA score) Psychological General Well Being Index Beck Anxiety Inventory HAMA	**Group 1 N= 28** Chamomile extract therapy. Mean dose 220mg - Capsules containing pharmaceutical grade German chamomile extract standardized to a content of 1.2% apigenin, 1-5 capsules	Quality assessment Funded by the National Institutes of Health/National Center for Complementary and Alternative Medicine grant

Blindness: Double blind Duration (days): Mean 56 Setting: Department of Family Medicine and Community Health outpatient clinic. Notes: Blocked randomization with varying block sizes. Info on Screening Process: 61 screened. 4 failed (1 for non comliance and 3 for no consent) 57 randomized.	100% Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: HAMA <9. Another primary DSM-IV Axis I disorder. Current diagnosis of MDD, BD, PD, phobic disorder, OCD, PTSD, acute stress disorder, substance induced anxiety disorder, psychosis, dementia, or substanceabuse or dependence within the preceding 3 months. Unstable medical condition, hepatic/renal insufficiency, malignancy, abnormal serum thyrotropin level of 5 KIU/mL or more, or known sensitivity to chamomile, plants of the Asteraceae family, mugwort, or birch pollen. Concurrent use of anxiolytics, antidepressants, mood stabilizers, sedatives, or CAM remedies (eg, St John's wort) or other chamomile preparations. Negative pregnancy test and medically proven contraception for women. Baseline: HAMA: Chamomile 15.4 (4.2) Placebo 14.3 (2.8) BAI: Chamomile 9.5 (5.6) Placebo 12.0 (602) PGWB: 62.0 (14.7) Placeno 58.9 (14.1)	Notes: Capsules made identitcal in appearance and aroma. Outcome measures obtained at baseline, 2,4,6,8 weeks of treatment. 8 dropouts: 2 had adverse events, 3 withdrew consent, 2 lost to follow up and 1 non compliance.	per day depending on tolerability. **Group 2 N= 29** Placebo - Capsule containing lactose monohydrate National Formulary. 1 per day one week. 2 per day in second week. 1-5 capsules per day depending on tolerability.	
ANDREATINI2002 Study Type: RCT Study Description: ITT using LOCF included all those who completed at least 1 week of treatment Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 28 Setting: Sao Paulo ,BRAZIL Notes: RANDOMISATION: used a computer programme Info on Screening Process: 132 people were interviewed of which 96 were excluded and 36 participated in the study. Participants were excluded due to the presence of another mental illness, refusal, marked reduction in HAMA prior to study, use of other medications.	n= 36 Age: Mean 41 Sex: 17 males 19 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R Exclusions: - No DSM-III-R diagosis of GAD - current or previous MDD, manic episode, panic disorder, OCD, drug dependence or any psychotic symptoms - major medical disorders (e.g. CVD, renal disorders etc.) - drug treatment apart from over the counter drugs - receiving psychotherapy - Patients under treatment with Benzodiazepines were excluded if: 1) they had a clinical response or no evidence of side effects to the curent drug 2) they did not undergo a gradual reduction of medication followed by a 2 week wash-out period - Social phobia or simple phobia excluded if anxiety was secondary to these disorders - females not using a medically accepted form of birth control Notes: All participants were evaluated using the SCI-R Baseline: HAMA - Placebo: 25.1(7.5), Diazepam: 25.2(4.5), Valepotriates: 22.8(7.6)	**Data Used** STAI-trait HAMA Leaving the study due to inefficacy Leaving the study due to adverse events Notes: TAKEN AT: baseline, end of treatment (4 weeks) DROPOUTS:Diazepam 1/12 (8.3%), Valepotriate 2/12 (16.6%), Placebo 2/12 (16.6%)	**Group 1 N= 12** Diazepam. Mean dose 6.5mg/day - Following a two week washout period, study drugs were administered in identical capsules containing 2.5mg. The capsules were adminstered three times a day with thelowest dose consisting of two placebo and one active capsules based on response. 4 week **Group 2 N= 12** Placebo - Following a two week washout period, study drugs were administered in identical capsules. The capsules were adminstered three times a day. **Group 3 N= 12** Valepotriates. Mean dose 81.3mg/day - Following a two week washout period, study drugs were administered in identical capsules containing 50mg. The capsules were adminstered three times a day with thelowest dose consisting of two placebo and one active capsules based on response.	Drug company funded: BYK Quimica e Farmaceutica Ltds (Brazil). Quality assessment score = + The study included a number of participants with current social phobia and simple phobias in addition to GAD
Results from this paper:				
GUIZHEN1998 Study Type: RCT Study Description: Comparative study on acupuncture combined with behavioural desentisization for treatment of anxiety neurosis on 240 patients Type of Analysis: ITT Blindness: No mention Duration (days): Setting: China Notes: RANDOMISATION: Unclear	n= 240 Age: Range 16-73 Sex: 109 males 131 females Diagnosis: 100% Anxiety Neurosis Exclusions: Those with underlying medical disorders or scores of <50 on the Zung self assessment score (SAS) Notes: Diagnosis tool unclear. Zhung self assessment scores (SAS) were greater than 50 (i.e moderate to severe	**Data Used** Remission (clinical symptoms gone & SAS <45) Response (symptoms improved & SAS reduced sign)	**Group 1 N= 80** Acupuncture. Mean dose 10-30 sessions - A detailed history and physical exam was performed & stainless stel filofrom needles were inserted into 3-6 selected body points during each session & manipulated with uniform reinforcing reducing. Treatment was performed once every other day.	FUNDING: No mention, Quality assessed = moderate quality

Info on Screening Process: Unclear	anxiety) Baseline: Duration of disease: Acupuncture = one month to 16 years, Behavioural desentization = 6 months to 12 years, Combined = 2 weaks to 16 years	Notes: Subjects were evaluated immediately after the last therapy in all three groups. Evaluation included physical examination and SAS score evaluation. Response: SAS reduced by 20 or more points. No drop outs.	**Group 2 N= 80** Behavioural desensitization. Mean dose 10 sessions (twice per week for 30 min) - Treatment consisted of self-relaxation techniques, psychotherapy, & a program of behavioural desensitization. Received instruction in muscle relaxation techniques to be practiced daily. Psychotherapy incorporated desensitization techniques. **Group 3 N= 80** Behavioural desensitization + acupuncture. Mean dose 10-40 sessions - Underwent the above program of behavioural desensitization followed by acupuncture treatments on the same day, as described for the acupuncture group. Received 1-4 courses of treatment with an interval of 3-7 days between courses.	
HANUS2004 Study Type: RCT Study Description: Clinical efficacy of fixed quantities of two plant extracts and magnesium vs placebo in anxiety disorders with functional disturbances. Type of Analysis: ITT (LOCF) Blindness: Double blind Duration (days): Mean 90 Setting: Multi outpatient centers in Paris. Notes: Randomized box design used for randomization. Info on Screening Process: Not mentioned	n= 264 Age: Mean 45 Range 18- Sex: 50 males 214 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R Exclusions: <18 years. No consent. No GAD according to DSM-III-R criteria. Patients with suicide risk. Use of psychotropic drugs or drugs with psychotropic properties or magnesium salts within one month. Notes: Total Hamilton Anxiety score between 16 and 28 Baseline: HAMA: Study group 22.7 Placebo 22.4	**Data Used** Response (50% reduction in HAMA score) Visual Analog Scale (VAS) HAMA **Data Not Used** CGI - no data Notes: Efficacy assessment before at baseline and 7, 14, 30, 60 and 90 days after treatment. 31 drop outs due to inefficacy.	**Group 1 N= 130** Study drug. Mean dose 375mg - 2 plant extracts (Crataegus oxyacantha and eschscholtzia californica) and magnesium. Drug name: Sympathyl. Tablet form. 75mg Crataegus oxyyacantha, 20mg Eschscholtzia californica, 75mg elemental magnesium. 2 tablets per day for 3 months. **Group 2 N= 134** Placebo - Tablets made from same ingredients as study drug except for active ingredients. Indistinguishable.	Quality assessment: low risk of bias. Funded by Laboratoires Innothera, France
HERRERA2007 Study Type: RCT Study Description: 4 week double-blind study of galphimia glauca vs. placebo in outpatients with GAD. Type of Analysis: Unclear Blindness: Double blind Duration (days): Mean 28 Setting: Outpatients: Mexico. Notes: RANDOMISATION: no details provided. Info on Screening Process: No details provided.	n= 152 Age: Mean 38 Sex: 35 males 117 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: No pharmacological intervention for GAD within past 4 weeks, no drug or alcohol abuse for at least 6 months prior to study initiation, no suicidal behaviour or psychiatric co-morbidity of higher clinical importance than GAD. Notes: Ppts scored >=19 on HAM-A. 7% of ppts had had a drug/alcohol addiction. Baseline: None provided.	**Data Used** CGI-I HAMA Leaving the study due to adverse events Leaving the study early for any reason	**Group 1 N= 80** Lorazepam. Mean dose 2mg/day - 1mg twice daily. **Group 2 N= 72** Other active treatments. Mean dose 620mg/day - Galphimia glauca. Contained 310mg of dired aqueous G.G. extract twice a day.	Funding: unknown. Quality assessed: -.
HERRERA-ARELLANO2007 Study Type: RCT Blindness: Duration (days):				

RUAN2003 Study Type: RCT Study Description: compare efficacy of combined treatment (acupuncture and chinese medicine) versus Doxepin for treatment of anxiety neurosis Type of Analysis: unknown Blindness: No mention Duration (days): Mean 30 Setting: unknown. Probably inpatients Info on Screening Process: not reported	n= 169 Age: Range 14-62 Sex: 63 males 106 females Diagnosis: Anxiety Neurosis by CCMD-2-R Exclusions: Excluded those who score below 50 on CCMD-2 and SAS-CR Baseline: Did not report if both groups are comparable at baseline. Baseline score (SAS-CR) for acupuncutre group is 78.56(17.64) and Doxepin group is 77.68(18.23). Duration of diagnosis range from1 month to 8 years	**Data Used** SAS-CR	**Group 1 N= 86** Acupuncture. Mean dose 30days - Accupunture combined with chinese medicine. Participants took the chinese medicine twice a day for 30 days. They also receive acupunture once per day for 30-60min each session. **Group 2 N= 83** Doxepin. Mean dose 30days - average daily intake is 150mg	Quality assessed: all selection, performance, attrition, detection bias are unclear
Results from this paper: Both treatments are similarly effective.				
WOELK2007 Study Type: RCT Study Description: Anxiolytic-effects of ginkgo biloba in patients suffering from GAD and adjustment disorder. Dosage EGb 761: 480mg, 240mg. Type of Analysis: ITT with LOCF Blindness: Double blind Duration (days): Mean 28 Range 18-70 Setting: Private practices of specialists in neurology/ psychiatry, internal medicine, GPs and outpatient clinic of a psychiatric university hospital Notes: Validatd computer program randomly assigned numbers to 3 treatment groups. Randomisation code sealed and stored safely. Info on Screening Process: 109 screened. 2 excluded. 1 responded to placebo treatment and 1 withdrew consent.	n= 107 Age: Mean 47 Range 18-70 Sex: 41 males 66 females Diagnosis: Generalised Anxiety Disorder (GAD) by DSM-III-R Adjustment disorder with anxious mood by DSM-III-R Exclusions: Perceived risk of suicide, severely ill, other anxiety disorders, anxiety related to other psychiatric disorders, OCD, suspected dementia or severe somatic disorders. Substance abuselack of cooperation, inability to complete self-rating questionnaires or treatment with psyvhoactive drugs. Baseline: HAMA. No significant differences in baseline scores.	**Data Used** HAMA Notes: Assessment took place at baseline and on days 4, 8, 15, and 29.	**Group 1 N= 34** Ginkgo biloba. Mean dose 480mg - Patients took 2 film-coated tablets t.i.d (80mg). Active drug and placebo were of same appearance. **Group 2 N= 36** Ginkgo biloba. Mean dose 240mg - Patients took 2 film-coated tablets t.i.d (40mg). Active drug and placebo were of same appearance. **Group 3 N= 37** Ginkgo biloba. Mean dose n/a - Patients took 2 film-coated tablets t.i.d (no active drug). Active drug and placebo were of same appearance.	Funding unknown. Quality assessed. Low risk of bias.
WOELK2010 Study Type: RCT Study Description: To investigate the therapeutic efficacy and tolerability of silexan compared to lorazepam in treatment of patients with GAD. Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 42 Followup: 2 week discontinuation phase Setting: Multi outpatient centers in Germany. Notes: Randomization by validated computer program Info on Screening Process: One-week screening. Patients received placebo. Patients with decrease of 25% or more of HAMA during this phase were excluded.	n= 77 Age: Mean 43 Range 21-65 Sex: 18 males 59 females Diagnosis: Generalised Anxiety Disorder (GAD) by DSM-IV Exclusions: HAMA <18 and Item 1 'anxious mood' <2 and Item 2 'tension' <2. Baseline: HAMA: Silexan 25 Placebo 25, PSWQ: Silexan 61.4 Placebo 62.2, SAS: Silexan 61.4 Placebo 61.5, SF-36 mental health: Silexan 39.9 Placebo 36.5, SF-36 physical health: Silexan 59.5 Placebo 58.6.	**Data Used** Remission (less than 10 on HAMA) Response (50% reduction in HAMA score) CGI SF-36 Penn State Worry Questionnaire Self-rating Anxiety Scale (SAS) HAMA **Data Not Used** Sleep diary Notes: Assessment at baseline, 1, 2, 4, 6 and 8 weeks. 11 drop outs/incomplete assessment.	**Group 1 N= 40** Silexan. Mean dose 80mg - Patients received one capsule of silexan and 1 capsule lorazepam placebo. Silexan is an oil prodiced fro lavender. **Group 2 N= 37** Lorazepam. Mean dose 0.5mg - Patients received 1 capsule lorazepam and 1 capsule silexan placebo.	Quality assessment: Attrition bias: Unclear

YUAN2007 Study Type: Quasi-randomised Study Description: To observe the therapeutic efficacy of Jin-3-neeling (NL) therapy on GAD through clinical global impression scale (CGI). Type of Analysis: Completor Blindness: No mention Duration (days): Mean 36 Setting: The first affiliated hospital of Guangzhou traditional chinese medical university, Guangzhou municipal hospital of the brain. Notes: Assigned to treatment groups according to the sequence of their visiting between Oct 04 - Dec 05. Info on Screening Process: 86 enrolled upon meeting the inclusion criteria.	n= 86 Age: Range 18-65 Sex: 30 males 56 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by CCMD-3-R Exclusions: HAMA <15. Received any anianxietic agent or psychoactive drug. Patients with severe mental disorder, organic diseases of the brain, addiction to alcohol or drugs, severe somatopathy of the liver, kidney or heart, or women in pregnancy or lactation period were excluded. Notes: Diagnostic standard for GAD in the chinese classification scheme and diagnostic standard for psychotic diseases (CCMD-3-R) Baseline: HAMA: WM 26.74 (3.51) NL 27.65 (2.86) CT 27.33 (3.71. Severity Index: WM 5.12 (1.04) NL 5.36 (0.93) CT 5.71 (1.35). No significant difference.	**Data Used** Efficacy Index General Index Severity Index Notes: Clinical Global Impression (CGI) scale scored before and after 6 week treatment with 3 scales. SI, GI and EI. 7 dropouts. 3- worsening condition 2-intolerability to side-effects 1-economic uptightness 1-emigration.	**Group 1 N= 29** Western medicine - 1. Fluoxetine or paroxetine (20mg) 2. Alprazolam (0.4-1.6mg) per day. One or two of the above drugs were chosen with the former as the dominant grug and alprazolam was used in addition according to patients condition. 6 weeks course. **Group 2 N= 29** Jin-3-Needling therapy - Needles inserted from four sites to produce a tightening or heavy sensation on the patient's scalp. Needles retained for 45min and run every 15min, once everyday, 6 times per week for 6 weeks. **Group 3 N= 28** Western medicine + Jin-3-Needling therapy - Combination of method for western medicine and J3N therapy. Doasage and manipulation as used in other 2 groups were applied simultaneously to these patients.	Quality assessment: Selection, performance and detection bias unknown/unclear. Attrition: low risk of bias.
ZHANG2002 Study Type: RCT Study Description: Combines elements of cognitive therapy and Taoist philosophy. Looks at efficacy of CTCP, BDZ and combined treatment in people with GAD. Type of Analysis: ITT (no mention of drop out analysis) Blindness: No mention Duration (days): Mean 168 Setting: 4 mental health centres in China Notes: Patients were randomly assigned to treatment groups. Procedure not mentioned. Info on Screening Process: 143 patients with GAD included. Exclusions not mentioned. Study lasted 6 months with two phases. One month of weekly sessions and 5 months of twice monthly sessions.	n= 143 Age: Mean 35 Sex: 80 males 53 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by CCMD-2-R Exclusions: Patients in psychiatric treatment prior to study. No consent given. Notes: CCMD-2-R criteria for GAD is the same as ICD-10 and DSM-IV except that condition has duration of 3 rather than 6 months. Baseline: SCL-90: CTCP 90.7, Drug 113.8 Combined 107.0 No significant difference in baseline characteristics	**Data Used** EPQ Coping Style Questionnaire Type A Personality Scale SCL-90 Chinese version Notes: Phase I-one month weekly sessions. Phase II-5 months of twice monthly sessions. 13 drop outs. Reason not mentioned.	**Group 1 N= 46** Chinese Taoist Cognitive Psychotherapy - Each session lasted 1hour. Carried out by first author and experienced psychiatrists trained for method. **Group 2 N= 48** BZD - Each session lasted 10 minutes. Drug dosage unaltered after phase I. Variable doses of oral BDZ (diazepam or alprazolam) administered according to patient condition. 10-20mg diazepam equivalent. **Group 3 N= 49** CTCP v BZD - Same as before	Quality assessment: Selection, performance and detection bias unknown/unclear. Attrition: low risk of bias.
ZHANG2003 Study Type: RCT Study Description: Examined the effectiveness of acupuncture treatment against doxepin in the treatment of anxiety neurosis. Type of Analysis: ITT Blindness: No mention Duration (days): Mean 30 Setting: In and out-patients, China Notes: RANDOMISATION: no mention Info on Screening Process: No mention	n= 296 Age: Range 16-60 Sex: 130 males 166 females Diagnosis: 100% Anxiety Neurosis by CCMD-2-R Exclusions: Did not achieve a score of greater than 50 on the SAS-CR. Notes: Duration of illness ranged from one month to 6 years Baseline: no data	**Data Used** SAS-CR Response (symptoms relieved, occas emotional fluc) Remission (symptoms disappeared & stable emotions) Notes: No drop outs	**Group 1 N= 157** Acupuncture. Mean dose 30 sessions - The treatment was given once a day, with a one day interval every 6 consecutive treatments. Treatment followed four different methods which are described in detail in the paper. **Group 2 N= 139** Doxepin. Mean dose 25 mg + - The dose for each session in the first week was 25mg & it could be modified properly based on the therapeutic effects and the adverse effect of the drug.	FUNDING: no mention, Quality assessed: low quality
ZHAO2005				

Study Type: RCT Study Description: compared the clinical efficacy of hypnotherapy and Alprazolam in the treatment of GAD. Type of Analysis: Completors (no drop outs) Blindness: No mention Duration (days): Mean 14 Followup: 4 wks Setting: Outpatients, China Notes: RANDOMISATION: according to patient number & date entered into trial. Info on Screening Process: no mention	n= 62 Age: Mean 38 Range 20-45 Sex: 23 males 39 females Diagnosis: 100% Generalised Anxiety Disorder (GAD) by CCMD-3 Exclusions: No diagnosis of GAD, not between age range of 20-45, scored under 14 in HAMA scale, unwilling to participate, had other serious cardio diseases Notes: In experimental group, the duration of diagnosis ranges from 1-11 years, with an average of 4 (+/-3) years. In control group, duration of diagnosis is 1-10 years, average 4 (+/-2) years. Baseline: HAMA (total) 28.8 (3.9) Psychological anxiety (subscale) 16.6 (2.3) Sensation (subscale) 12.2 (3.3) SAS 60.9 (4.9) There were no stat sig difference between the 2 groups (chi square= 0.005, P>0.05)	**Data Used** HAMA Hospital Anxiety and Depression Scale (anxiety) Body Sensations Questionnaire Social Adjustment Scale Notes: Assessments (HAMA and self report SAS) were given to both groups at pre-treatment (2 weeks before treatment) and follow up (4 weeks). Clinical significance is defined as reduction > 50% on HAMA scale. No drop outs	**Group 1 N= 32** Hypnotherapy. Mean dose 2 - Use different technique of hypnotherapy (catered to each individual's need) to reduce the patient's anxiety. Each session takes 30-40minutes **Group 2 N= 30** Alprazolam. Mean dose 2 - visits clinic twice a week, each session takes at least 30 minutes, the GP prescribe 0.8mg dose (taken twice a day).	Quality assessed: low-high risk of bias
Results from this paper: No difference found between groups				
ZHILING2006 Study Type: RCT Study Description: Treatment of GAD by acupuncture Type of Analysis: Completors (no dropouts) Blindness: No mention Duration (days): Mean 30 Setting: Out and in patients Notes: Randomization method not reported Info on Screening Process: Not mentioned	n= 65 Age: Sex: no information Diagnosis: 100% Generalised Anxiety Disorder (GAD) by CCMD-3 Exclusions: Severe organic psychosis Notes: SAS score >50 Baseline: Comparible in terms of sex, age and disease course. SAS: Treatment 79.88 (6.32) Control 78.96 (5.98)	**Data Used** Self-rating Anxiety Scale (SAS) Remission Notes: Remission criteria: disappearance of symptoms with stable emotions.	**Group 1 N= 35** Acupuncture - Acupuncture points modified according to individual patient conditions. Needles retained for 30 min. 30 days treatment. **Group 2 N= 30** Medication - Control group. 0.5-2 mg loracepam (bid or tid) with additional 20mg oryzanol (tid) or 10-20mg propranolol (tid) oraly administered for 30 days.	Quality assessment: Unclear/unknown risk.
Zhou 2003 Study Type: RCT Study Description: compare effectiveness of combined treatment of acupuncture with medication versus medication alone for anxiety neurosis Type of Analysis: unknown Blindness: No mention Duration (days): Mean 40 Setting: Unknown. Maybe conducted in The First Hospital of Yuhang District in Zhejiang, China Info on Screening Process: Did not report	n= 100 Age: Mean 52 Range 23-72 Sex: 32 males 68 females Diagnosis: Anxiety Neurosis by CCMD-2-R Exclusions: Not reported Baseline: No statistical difference between 2 groups on age, gender or chronicity. Patients in treatment group had average 2.5 years of diagnosis. Patients in comparison group average was 2.3 years of diagnosis.	**Data Used** Remission **Data Not Used** Reliable & clinically significant change Notes: Remission defined as no symptoms, can lead normal daily worktask; Response (normal functioning) defined as majority of symptom measures are lowered, can lead normal daily worktask; Response (unstable functioning) as unstable emotions, impaired daily life	**Group 1 N= 50** Acupuncture - given treatment once a day, 10 days as one treatment wave. There are 5 days of rest after each treatment wave. Participants received 3 treatment waves. **Group 2 N= 50** Study drug - 20mg of flupentixol 3 times per day. Taken 40 days continuously	Quality assessed: Selection bias-unclear; performance bias-unclear;attrition bias-unclear; detection bias-unclear
Results from this paper: Combined treatment was more effective than medication alone				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion

BHATTACHARYYA2008	Not RCT
BONNE2003	Not a complementary intervention
Bonne2003a	Not considered a complimentary therapy
BYTRITSKY2008	Not RCT
SMITH2007	Not GAD
WANG2001	Not GAD

References of Included Studies

AKHONDZADEH2001A (Published Data Only)

Akhondzadeh, S., Naghavi, H.R., Vazirian, M., et al. (2001) Passionflower in the treatment of generalized anxiety: a pilot double-blind randomized controlled trial with oxazepam. Journal of Clinical Pharmacy & Therapeutics, 26, 363-367.

AMSTERDAM2009 (Published Data Only)

Amsterdam, J. D., Li, Y., Soeller, I., et al. (2009) A randomized, double-blind, placebo-controlled trial of oral Matricaria recutita (chamomile) extract therapy for generalized anxiety disorder. Journal of Clinical Psychopharmacology, 29, 378-382.

ANDREATINI2002 (Published Data Only)

Andreatini, R., Sartori, V.A., Seabra, M.L.V. & Leite, J.R. (2002) Effect of Valepotriates (Valerian Extract) in generalized anxiety disorder: a randomized placebo-controlled study. Phytotherapy Research, 16, 650-654.

GUIZHEN1998 (Published Data Only)

Guizhen, L., Yunjun, Z., et al (1998) Comparative study on acupuncture combined with behavioral desensitization for treatment of anxiety neuroses. American Journal of Acupuncture, 2-3.

HANUS2004 (Published Data Only)

Hanus, M., Lafon, J., & Mathieu, M. (2004) Double-blind, randomised, placebo-controlled study to evaluate the efficacy and safety of a fixed combination containing two plant extracts (Crataegus oxyacantha and Eschscholtzia californica) and magnesium in mild-to-moderate anxiety disorders. Current medical research and opinion, 20, 63-71.

HERRERA2007 (Published Data Only)

Herrera-Arellano, A., Jimenez-Ferrer, E., Zamilpa, A., Morales-Valdez, M., Garcia-Valencia, C.E., & Tortoriello, J. (2007) Efficacy and tolerability of a standardized herbal product from Glaphimia glauza on generalized anxiety disorder. A randomized, double-blind clinical trial controlled with lorazepam. Planta Medica, 73, 713-717.

HERRERA-ARELLANO2007 (Published Data Only)

Herrera-Arellano, A., Jimenez-Ferrer, E., Zamilpa, A. et al. (2007). Efficacy and tolerability of a standardized herbal product from galphimia glauca on generalized anxiety disorder. a randomized, double-blind clinical trial controlled with lorazepam. Planta Medica., 73, 713-717.

RUAN2003 (Published Data Only)

Ruan, J. I. Y. U. (2003) Clinical observation on treatment of 86 patients with anxiety neurosis by combination of traditional herbs with acupuncture. Journal of zhejiang college of tcm, 27, 70-71.

WOELK2007 (Published Data Only)

Woelk, H., Arnoldt, K. H., Kieser, M., et al. (2007) Ginkgo biloba special extract EGb 761Reg. in generalized anxiety disorder and adjustment disorder with anxious mood: a randomized, double-blind, placebo-controlled trial. Journal of Psychiatric Research, 41, 472-480.

WOELK2010 (Published Data Only)

Woelk, H. & Schlafke. S. (2010) A multi-center, double-blind, randomised study of the lavender oil preparation silexan in comparison to lorazepam for generalized anxiety disorder. Phytomedicine, 17, 64-99.

YUAN2007 (Published Data Only)

Yuan, Q., Li, J. N., Liu, B., et al. (2007) Effect of Jin-3-needling therapy on plasma corticosteroid, adrenocorticotrophic hormone and platelet 5-HT levels in patients with generalized anxiety disorder. Chinese Journal of Integrative Medicine, 13, 264-268.

ZHANG2002 (Published Data Only)

Zhang, Y., Young, D., Lee, S., et al. (2002) Chinese Taoist cognitive psychotherapy in the treatment of generalized anxiety disorder in contemporary China. Transcultural Psychiatry, 39, 115-129.

ZHANG2003 (Published Data Only)

Zhang, H. & Zeng, Z. (2003) Acupuncture treatment for 157 cases of anxiety neurosis. Journal of traditional chinese medicine, 55-56.

ZHAO2005 (Published Data Only)

Zhao, Y. H., Shan, Y. H., Ma, L. H., & et, a. (2005). Clinical Efficacy of Hypnotherapy in the Treatment of Generalized Anxiety Disorder. Chinese Mental Health Journal,19, 8.

ZHILING2006 (Published Data Only)
Zhiling, W., Yuhong, L., et al. (2006) Acupuncture treatment of generalized anxiety disorder. Journal of traditional chinese medicine, 26. 170-171.

Zhou 2003 (Published Data Only)
Zhou-Zh-Yu-Wy-Wu-Zh-et (2003) Clinical observations on treatment of anxiety neurosis with combined acupuncture and medicine. Shanghai journal of acupuncture and moxibustion, 22, 9.

References of Excluded Studies

BHATTACHARYYA2008 (Published Data Only)
Bhattacharyya, D., Sur, T. K., Jana, U. et al (2008) Controlled programmed trial of Ocimum sanctum leaf on generalized anxiety disorders. Nepal Medical College Journal: NMCJ., 10 (3), 176-179.

BONNE2003 (Published Data Only)
Bonne, O., Shemer, Y., Gorali, Y., et al. (2003) A randomized, double-blind, placebo-controlled study of classical homeopathy in generalized anxiety disorder. Journal of Clinical Psychiatry, 64, 282-287.

Bonne2003a (Published Data Only)
Bonne, O., Shemer, Y., Gorali, Y., et al. (2003) A randomized, double-blind, placebo-controlled study of classical homeopathy in generalized anxiety disorder. Journal of Clinical Psychiatry, 64, 282-287.

BYTRITSKY2008 (Published Data Only)
Bystritsky, A., Kerwin, L., & Feusner, J. D. (2008) A pilot study of Rhodiola rosea (Rhodax) for generalized anxiety disorder (GAD). Journal of Alternative and Complementary Medicine., 14 (2), Date.

SMITH2007 (Published Data Only)
Smith, C., Hancock, H., Blake-Mortimer, J., et al. (2007) A randomised comparative trial of yoga and relaxation to reduce stress and anxiety. Complementary Therapies in Medicine., 15 (2), 77-83.

WANG2001 (Published Data Only)
Wang, S. M. & Kain, Z. N. (2001) Auricular acupuncture: A potential treatment for anxiety. Anesthesia and Analgesia., 92, 548-553.