Characteristics Table for The Clinical Question: In the treatment of panic disorder which CCBT programmes improve outcome?

Comparisons Included in this Clinical Question

CCBT + stress management vs. control	CCBT + stress management vs.CCBT	CCBT vs. Information control	CCBT vs. other active treatments
RICHARDS2006	RICHARDS2006 Schneider2005	RICHARDS2006	

Infrequent contact CCBT vs. frequent contact CCBT
KLEIN2009

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
KLEIN2009 Study Type: RCT Study Description: Examined whether frequency of therapist contact impacted on outcomes for those with Panic Disorder (PD) receiving CCBT Type of Analysis: ITT Blindness: Open Duration (days): Mean 56 Followup: none Setting: Patients registered via website, or notified via media ads: Australia Notes: RANDOMISATION: computer generated random numbers table Info on Screening Process: 439 screened, 382 excluded as PD not primary diagnosis, not an australian resident, not on stable medication, currently seeing a therapist, did not have PD, didn't respond, or no internet access	n= 57 Age: Mean 39 Range 18-70 Sex: 10 males 47 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Did not meet criteria for PD; aged below 18 or above 70; not an australian resident; did not have a DSM-IV diagnosis of PD(with or without agoraphobia); PD not primary diagnosis; presence of a seizure disorder; stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, or chronic hypertension; if undertaking any other therapy during the study; if taking medication for depression/anxiety and not on a stable dose for at least 12 wks Notes: 42 had a primary diagnosis of PD with agoraphobia & 15 without agoraphobia. Baseline: No. of panic attacks in past month: FC CCBT =4.29 (6.14), IC CCBT = 7.64 (10.72), ACQ: FC CCBT = 20.11 (8.68), IC CCBT = 17.50 (10.07)	**Data Used** Agrophobic Cognitions Questionnaire Treatment satisfaction Clinician assessed panic severity Body Vigilance Scale Therapist allegiance questionnaire Anxiety Sensitivity Profile Clinician rated Agoraphobia Full panic attacks in last month PDSS (Panic Disorder Severity Scale) Depression Anxiety Stress Scales **Data Not Used** Treatment credibility scale - pretest only Notes: taken at baseline and 8 wks post-assessment. DROP OUTS: FC CCBT = 6/28, IC CCBT = 8/29	**Group 1 N= 29** Infrequent contact CCBT. Mean dose 8 - Informed that they could e-mail their therapist as frequently as they wished, but their therapist would only respond once per week over the 8-wk intervention period. **Group 2 N= 28** Frequent contact CCBT. Mean dose 8 - Informed that they could email their therapist as often as they wished over the 8-wk intervention period and that their therapist would respond,at a minimum, three times per wk.	FUNDING: Australian Rotary Health Research Fund; Quality assessed: selection bias: unclear; performance bias: unclear; attrition bias: low; detection bias; low
Results from this paper: Does not depend on frequency of contact				
RICHARDS2006 Study Type: RCT Study Description: Examined the effect of CCBT+ stress management vs. CCBT alone vs. internet-based info-only control on end-state functioning at wk 8 and 3mn follow up Type of Analysis: ITT Blindness: Open Duration (days): Mean 56 Followup: 3 months (not extractable) Setting: Outpatients, previous contact with author's panic website. Australia Notes: RANDOMISATION: no details provided Info on Screening Process: 68 screened, 36	n= 32 Age: Mean 37 Range 18-70 Sex: 10 males 22 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Prescence of a seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, or chronic hypertension. Not having a primary diagnosis of PD(with or without agoraphobia). If on medication for less than 4wks . Notes: 25 had a primary diagnosis of PD with agoraphobia & 7, without agoraphobia. 7 ppl had a secondary diagnosis of social phobia, 4 of GAD, 3 with depression, 3 of specific	**Data Used** Number of GP visits in 1 month Agrophobic Cognitions Questionnaire Clinician rated Panic Body Vigilance Scale Anxiety Sensitivity Profile Clinician rated Agoraphobia Remission (clinician rated severity rating < 2) PDSS (Panic Disorder Severity Scale) Health rating Number of panic attacks per week QoL Depression Anxiety Stress Scales	**Group 1 N= 9** CCBT. Mean dose 8 weeks - Comprised of four learning modules and introductory and relapse prevention modules. Included standardized CBT treatments. Therapist interaction over email enabled support and feedback and guidance through program. Standardised infor provided for each part	Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; attrition-unclear; detection-unclear

excluded due to not being contactable, residing overseas, seeing a mental health therapist regularly, no computer access, under 18 or over 70, not having PD as their primary diagnosis.	phobia,2 PTSD, 2 hypocondriasis, 1 somatisation and 10 no secondary diagnosis Baseline: For Panic disorder severity scale: CCBT(alone) = 16.54 (4.2), CCBT + stress management = 19 (4.0), control = 17 (5.3) No. of panic attacks per wk: CCBT (alone) = 2.92 (4), CCBT + stress management = 3.36 (3.6), control = 1 (0.9); a sign difference was observed for no. of panic attacks 1 wk prior to pre-assessment and DASS depression	Notes: Outcomes measured at baseline, 8wks, and 3 month follow up. DROP OUT: 2/12 CCBT, 1/11 CCBT + Stress management, 2/9 control.	**Group 2 N= 9** Information control. Mean dose 8 weeks - Received no active CBT and were infromed that they were required to wait 8wks for a therapist to become available. A clinical student provided min support & questioned part's re panic status. After 8wk interval & completion of assessments, offered treat. **Group 3 N= 11** CCBT + Stress management. Mean dose 8 weeks - same as CCBT with additional stress management program which includes 6 learning modules on coping with daily stress, time and anger mgmt, tuning in one's thoughts, relaxation, and social connectedness. Extra 90 min required	
Results from this paper: Both treatments are more effective than control. CCBT with stress managementt component is more effective than CCBT alone (short term effect only)				
Schneider2005 Study Type: RCT Study Description: Examined the effect of CCBT with/without self-exposure on self-ratings and assesor ratings of patients with either Panic Disorder (PD)/ phobia. Type of Analysis: Intention to treat Blindness: Single blind Duration (days): Mean 70 Followup: 1 month Setting: Referral to a self-help clinic from mental health professional, internet and adverts, London, UK Notes: RANDOMISATION: Sealed envelope (i.e. allocation concealed). Stratified for phobia type in 2:1 ratio. Info on Screening Process: 79 screened, 11 excluded due to depression, adjustment disorder, co-morbid diagnosis, hypochondriasis, & schizo-affective disorder	n= 68 Age: Mean 39 Range 18- Sex: 18 males 50 females Diagnosis: 1% Phobic disorder by ICD-10 0% Panic disorder by ICD-10 Exclusions: Not meeting suitable ICD-10 criteria e.g. no primary diagnosis of PD or phobia, too low ratings on global phobia (<4), no main goal or problem established with clinician, phobia duration <1 year, a current psychotic illness, suicidal, severe depression or disabling cardiac or respiratory disease, on a bensodiazepine or diazepam-equivalent dose of 5-mg/day, drank >21 units (men) or > 14 units (women) of alcohol a wk, began/changed dose or type of antidepressant within last 4wks, substance abuse, failed past exposure therapy of > 4 sessions, a reading disorder hindering net use, refusal to give written informed consent Notes: 25 with primary diagnosis of agrophobia with panic disorder, 2 with agrophobia without PD, 24 with social phobia, 17 specific phobia. Baseline: FQ Global phobia: CCBT + self-exposure = 6.3 (1.4), CCBT (without self-exposure) = 6.3 (1.5)	**Data Used** Goals Fear Questionnaire Main problems Work/Social Adjustment Leaving the study early for any reason Notes: Taken at: baseline, 10 wk, 14 wk. DROP OUT: 12/45 CCBT + self exposure, 8/23 CCBT (alone)	**Group 1 N= 23** CCBT. Mean dose 10 wks - Accessed treatment at home on net over period of 10 wks with 6 scheduledd brief therapist contacts by phone/email & 2 follow-up contacts 1month later. Excluded any ref to exposure. Included balance self-help system which improved non-phobic anxiety/depr. **Group 2 N= 45** CCBT + Stress management. Mean dose 10 weeks - Accessed treatment at home over period of 10 weeks with 6 scheduledd brief therapist contacts by phone/email & 2 follow-up contacts 1 month later. Involved 9 exposure steps to be completed in 6 sessions. Completed daily homework diaries.	Support provided by EU Marie Curie Fellowships & Grants from Leeds Community & Mental Health Services NHS trust. Quality assessed: selection bias-low; performance bias-unclear; attrition bias-low; detection bias-unclear
Results from this paper: No difference between the 2 treatment (with or without exposure)				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
KENARDY2003a	Augmentation: not in the scope
KENARDY2003b	Subclinical population

References of Included Studies

KLEIN2009 (Published Data Only)

Klein, B., Austin, D., Pier, C., et al. (2009) Frequency of email therapist contact and internet-based treatment for panic disorder: Does it make a difference? Cognitive Behaviour Therapy, 38, 100-113.

RICHARDS2006 (Published Data Only)

Richards, J., Klein, B., & Austin, D. (2006) Internet cognitive behavioural therapy for panic disorder: Does the inclusion of stress management information improve end-state functioning? Clinical Psychologist, 10, 2-15.

Schneider2005 (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, 154-164.

References of Excluded Studies

KENARDY2003a (Published Data Only)

Kenardy, J., McCafferty, K. & Rosa, V. (2006) Internet-delivered indicated prevention for anxiety disorders: Six-month follow-up. Clinical Psychologist, 10, 39-42.

Kenardy, J.A., Dow, M.G.T., Johnston, D.W., et al. (2003) A comparison of delivery methods of cognitive-behavioural therapy for panic disorder: An international multicentre trial. Journal of Consulting and Clinical Psychology, 71, 1068-1075

KENARDY2003b (Published Data Only)

Kenardy, J., McCafferty, K., & Rosa, V. (2003) Internet-delivered indicated prevention for anxiety disorders: A randomized controlled trial. Behavioural and Cognitive Psychotherapy, 31, 279-289.