

Appendix 15b: Characteristics Table for The Clinical Question: In the treatment of GAD, what are the risks and benefits associated with the following low-intensity treatments?

Comparisons Included in this Clinical Question

Bibliotherapy (guided) versus CBT VANBOEIJEN2005	Bibliotherapy (guided) versus TAU SORBY1991 VANBOEIJEN2005	Bibliotherapy (guided) versus WLC LUCOCK2008	Bibliotherapy (non-facilitated) versus Information control WHITE1995
Bibliotherapy (non-facilitated) vs TAU MAUNDER2009	Bibliotherapy (non-facilitated) vs WLC BOWMAN1997 KASSINOVE1980 TARRIER1986 WHITE1995	CBT group adult psychoeducation vs Traditional group anxiety management training KITCHINER2009	CBT group adult psychoeducation vs WLC KITCHINER2009
Computerised therapy versus WLC HOUGHTON2008 TITOV2009A	Large group didactic therapy vs WLC WHITE1992A	Traditional group anxiety management training versus 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: Completers 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 eligibility 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 stabilised 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 HAMA Notes: DROP OUTS: Treatment = 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 weeks 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: Completer 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 Waiting-list control. Mean dose 8 weeks - received no treatment	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;

<p>Blindness: Open</p> <p>Duration (days): Mean 56</p> <p>Followup: No follow-up</p> <p>Setting: Outpatients, US Self selected</p> <p>Notes: RANDOMISATION: random number or letter and only the primary investigator had access to the data</p> <p>Info on Screening Process: 1049 assessed for eligibility, 268 excluded as not meeting inclusion criteria, a further 550 did not complete pretests & baseline information, 90 excluded as did not return post-tests</p>	<p>diagnosed with generalised 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.</p> <p>Notes: It was assumed that the participants were accurately diagnosed with generalised anxiety disorder</p> <p>Baseline: STAI: Treatment = 37 (7), Control = 47 (9). Completion rates: All completed in each group (a random selection of all completers was chosen for analysis).</p>	<p>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.</p>	<p>Group 2 N= 50</p> <p>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 minimum of 10 minutes a day, 6 days per week. Therapist competence: No therapist contact</p>	
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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

<p>KASSINOVE1980</p> <p>Study Type: RCT</p> <p>Study Description: Examined the impact of rational emotive bibliotherapy or audiotherapy on 34 clients with a variety of neurotic disorders</p> <p>Type of Analysis: Completers</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 56</p> <p>Followup: No follow up analysis</p> <p>Setting: Recruited from a community mental health centre: US</p> <p>Notes: RANDOMISATION: no details provided</p> <p>Info on Screening Process: No details provided</p>	<p>n= 34</p> <p>Age: Range 21-56</p> <p>Sex: 12 males 22 females</p> <p>Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned)</p> <p>Exclusions: a) not diagnosed as neurotic; b) had previously been in treatment at the center</p> <p>Notes: Were currently awaiting treatment for approximately 4 weeks</p> <p>Baseline: STAI-T: Bibliotherapy = 53.5 (10), Audiotherapy = 56 (14.3), WLC = 52.8 (10.2)</p>	<p>Data Used STAI-T</p> <p>Notes: Taken at pre- and post testing (after 8 weeks). No follow up analysis carried out. DROP OUTS: none. No details on completion rates.</p>	<p>Group 1 N= 11</p> <p>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.</p> <p>Group 2 N= 12</p> <p>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 centre if an emergency were to arise.</p> <p>Group 3 N= 11</p> <p>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.</p>	<p>Quality assessed: Unclear risk of bias for selection, performance, attrition & detection. Funding: none declared.</p>
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Results from this paper:

Both treatments were effective, however, bibliotherapy had a larger effect in comparison with audiotherapy.

<p>KITCHINER2009</p> <p>Study Type: RCT</p> <p>Study Description: Examined the relative effectiveness of a 6 week CBT education evening class, an anxiety management group & WLC group in the treatment of anxiety.</p> <p>Type of Analysis: Intention to treat (LOCF)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 42</p> <p>Followup: 1, 3 & 6 month follow up (1 month follow up reported for all groups, 3 & 6 not</p>	<p>n= 73</p> <p>Age: Mean 40 Range 16-65</p> <p>Sex: 38 males 35 females</p> <p>Diagnosis: 100% Anxiety disorders by DSM-IV</p> <p>Exclusions: (a) previous course of CBT (individual or group) or anxiety management; (b) changed psychotropic medication within the preceding 4 weeks; (c) evidence of psychosis, substance dependency, or other primary DSM-IV</p>	<p>Data Used Fear Questionnaire General health questionnaire-anxiety Beck Depression Inventory</p>	<p>Group 1 N= 24</p> <p>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 psychoeducational approach. A CBT model was used, with a strong emphasis on activity scheduling & relaxation techniques.</p>	<p>Quality assessed: selection bias = unclear risk, performance bias = unclear risk, attrition bias = unclear risk, detection bias = unclear risk. FUNDING: none declared.</p>
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<p>reported for WLC)</p> <p>Setting: Secondary care, University Hospital of Wales, Cardiff. Psychoeducation held in School of nursing. The AM took place in the local psychiatric hospital.</p> <p>Notes: RANDOMISATION: randomly allocated to one of the three groups by computer generated randomization codes concealed in opaque brown envelopes.</p> <p>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.</p>	<p>axis I disorder; (d) severe physical illness; (e) severe personality disorder; and (f) cognitive impairment.</p> <p>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.</p> <p>Baseline: Psychoeducation group (stress control) had fewer females (32% vs 63%) & anxiety management group had fewer with a previous medical history (60% vs 29%). Sickness in days stress control = 87 (121.6), anxiety management = 59 (109.2), WLC = 34 (92.2)</p>	<p>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.</p>	<p>Group 2 N= 25</p> <p>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).</p> <p>Group 3 N= 24</p> <p>Waiting-list control. Mean dose 6 - Received no intervention until 1 month after the active interventions finished when they were offered their choice of a psychoeducation or anxiety management course.</p>	
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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 with 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 characterises this study's participants.

<p>LUCOCK2008</p> <p>Study Type: Quasi-randomised</p> <p>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.</p> <p>Type of Analysis: ITT (LOCF)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 56</p> <p>Followup: No follow-up analysis</p> <p>Setting: Multi-professional adult psychological therapy service in which patients were offered a self-help intervention; Wakefield Metropolitan district</p> <p>Notes: RANDOMISATION: Time-cohort (ABAB) design.</p> <p>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 therapy during study, failing to attend appointments, return of questionnaires etc.</p>	<p>n= 96</p> <p>Age: Mean 40 Range 20-65</p> <p>Sex: 34 males 62 females</p> <p>Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned)</p> <p>Exclusions: a) Did not have one of the following disorders as a main presenting problem: panic disorder, generalised 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.</p> <p>Notes: No attempt was made to exclude patients on the basis of severity or comorbidity. 52 had GAD, 43 had panic & 50 had depression as a main concurrent problem.</p> <p>Baseline: all comparable. No details on completion rates.</p>	<p>Data Used</p> <p>Hospital Anxiety and Depression Scale (depression)</p> <p>Hospital Anxiety and Depression Scale (anxiety)</p> <p>CORE-OM (Clinical Outcomes in Routine Evaluation)</p> <p>Remission (cut-off of 10 on CORE-OM scale)</p> <p>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</p>	<p>Group 1 N= 48</p> <p>Bibliotherapy-guided & CBT based. Mean dose 8 (no mention of length of each session) - Self-help pack received within 2wks: 40minute initial session with psychology assistant (*see left). Recognising and dealing with anxious thinking, physical effects of anxiety, effects on mood and behaviour, dealing with setbacks. 21 drop outs</p> <p>Group 2 N= 48</p> <p>Waiting-list control. Mean dose 8 - 15 dropped out</p>	<p>Quality assessed: selection bias = high risk of bias, performance bias = unclear risk, attrition bias = low risk, detection bias = unclear risk. FUNDING: none mentioned.</p>
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Results from this paper:
 Small effect for guided bibliotherapy in comparison to WLC.

<p>MAUNDER2009</p> <p>Study Type: RCT</p> <p>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.</p> <p>Type of Analysis: Completers</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 28</p> <p>Followup: 4 weeks (not extractable)</p> <p>Setting: Recruited from Primary care in male</p>	<p>n= 38</p> <p>Age: Mean 35</p> <p>Sex: all males</p> <p>Diagnosis: 100% Anxiety disorders by cut off score of 8 on HADS- anxiety subscale</p> <p>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 speakers, illiterate, or learning disability)</p>	<p>Data Used</p> <p>Hospital Anxiety and Depression Scale (anxiety)</p> <p>Remission (<8 on HADS anxiety subscale)</p> <p>Data Not Used</p> <p>Patient Satisfaction - no data</p> <p>Brief symptom inventory - no data</p>	<p>Group 1 N= 20</p> <p>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 below)</p>	<p>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 small research grant from Northumberland Care Trust; author developed self-help material</p>
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<p>prison; UK</p> <p>Notes: RANDOMISATION: Blocked & using computer generated number sequences</p> <p>Info on Screening Process: 85 invited to participate, 25 refused & 10 were discharged or transferred. A further person withdrew at the assessment stage</p>	<p>Notes: 82.6% completed the 2nd assessment & 71.7% completed the 3rd assessment. No details of treatment completion for either group.</p> <p>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.</p>	<p>Notes: Taken at baseline, 4 & 8 weeks. DROP OUTS: Treatment = 7/20, Control = 2/18. Response is based on HADS-anxiety subscale.</p>	<p>Group 2 N= 18</p> <p>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.</p>	
<p>Results from this paper: Treatment effective</p>				
<p>SORBY1991</p> <p>Study Type: RCT</p> <p>Study Description: Examines the effectiveness of the use of an anxiety management booklet in addition to treatment as usual from GP</p> <p>Type of Analysis: Completer</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 56</p> <p>Followup: No follow up analysis</p> <p>Setting: Outpatient: UK</p> <p>Notes: RANDOMISATION: randomly allocated to groups by GP using a random card pack.</p> <p>Info on Screening Process: 64 screened, 4 excludded as failed to meet inclusion criteria</p>	<p>n= 60</p> <p>Age: Range 18-</p> <p>Sex: 11 males 49 females</p> <p>Diagnosis: Anxiety disorders by DSM-III</p> <p>Exclusions: Patients who had an additional diagnosis of obsessive-compulsive disorder, psychotic disorder, melancholia, or alcohol or substance misuse were excluded.</p> <p>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.</p> <p>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 the 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.</p>	<p>Data Used</p> <p>Symptoms rating test-anxiety subscale</p> <p>Symptoms rating test-depression subscale</p> <p>HADS (anxiety)</p> <p>Notes: DROP OUTS: TAU = 4/31, Treatment = 0/33, Completion rates: 19/31 in TAU & 30/33 in treatment. Taken at initial consultation, 2, 4 and 8 weeks (post-treatment). No follow up analysis carried out. HADS anxiety subscale</p>	<p>Group 1 N= 31</p> <p>Treatment as usual. Mean dose 8 weeks</p> <p>Group 2 N= 33</p> <p>Bibliotherapy- guided, AMT + TAU. Mean dose 8 weeks (no mention of number of sessions or time) - Up to 10 minutes used to explain 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.</p>	<p>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.</p>
<p>Results from this paper: The booklet added onto the TAU's effectiveness, however, the bias casts doubt on the findings.</p>				
<p>TARRIER1986</p> <p>Study Type: RCT</p> <p>Study Description: To examine the effects of 1 session of applied relaxation (demonstration, biblio/audiotherapy or all) in patients with GAD & panic attacks.</p> <p>Type of Analysis: unclear</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 23</p> <p>Followup: No follow-up analysis</p> <p>Setting: Secondary care, participants referred by psychiatrists or GPs in UK</p> <p>Notes: RANDOMISATION: No details provided</p> <p>Info on Screening Process: No details provided</p>	<p>n= 50</p> <p>Age: Mean 41</p> <p>Sex: 20 males 30 females</p> <p>Diagnosis: 100% Anxiety disorders by previous diagnosis (no diagnosis tool mentioned)</p> <p>Exclusions: (a) not experiencing panic attacks; (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</p> <p>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 drug treatment, but felt not helpful anymore</p> <p>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. Mean compliance of 68%. No significant differences</p>	<p>Data Used</p> <p>Symptoms rating test-anxiety subscale</p> <p>Symptoms rating test-depression subscale</p> <p>Compliance</p> <p>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.</p>	<p>Group 1 N= 10</p> <p>Waiting-list control</p> <p>Group 2 N= 40</p> <p>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.</p>	<p>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.</p>

	between groups with regard to compliance.			
<p>Results from this paper: Treatment group participants are instructed to full practice once a day = 100% compliance. Type of instruction did not matter.</p>				
<p>TITOV2009A</p> <p>Study Type: RCT</p> <p>Study Description: Examined the effectiveness of clinician-assisted internet-based treatment (worry programme) for GAD</p> <p>Type of Analysis: Intention to treat</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 63</p> <p>Followup: No follow-up analysis</p> <p>Setting: Community, participants were self-recruited by online application in Australia</p> <p>Notes: RANDOMISATION: via a true randomisation process</p> <p>Info on Screening Process: 67 individuals were screened for the programme & 6 were excluded for not meeting inclusion criteria</p>	<p>n= 48</p> <p>Age: Mean 44 Range 18-</p> <p>Sex: 14 males 34 females</p> <p>Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-IV</p> <p>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</p> <p>Notes: Completion: A total of 75% (18/24) of treatment groups completed 6/6 lessons within 9 weeks. 1 failed to start programme.</p> <p>Baseline: No between group differences on demographic characteristics, pre-treatment measures or pre-treatment expectations</p>	<p>Data Used</p> <p>PHQ-9</p> <p>Response = >50% reduction of pre-treatment GAD-7</p> <p>GAD-7</p> <p>Penn State Worry Questionnaire</p> <p>Remission: GAD-7 score < 10</p> <p>Data Not Used</p> <p>Sheehan Disability Scale (SDS)</p> <p>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</p>	<p>Group 1 N= 25</p> <p>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 minutes per session with client .</p> <p>Group 2 N= 23</p> <p>Waiting-list control. Mean dose 9 weeks</p>	<p>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</p>
<p>Results from this paper: Treatment effective</p>				
<p>VANBOEIJEN2005</p> <p>Study Type: RCT</p> <p>Study Description: To compare the effectiveness and feasibility of guided self-help, the anxiety disorder guidelines of the Netherlands College of GPs & CBT.</p> <p>Type of Analysis: Intention to treat (LOCF)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 84</p> <p>Followup: Follow up at 3 & 9 months (both extractable)</p> <p>Setting: Secondary care, participants recruited from 46 GP practices in Netherlands</p> <p>Notes: RANDOMISATION: Computerised randomisation, assignments were put in sequentially numbered, sealed, opaque envelope by an independent statistician</p> <p>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</p>	<p>n= 142</p> <p>Age: Mean 38 Range 18-</p> <p>Sex: 53 males 89 females</p> <p>Diagnosis: 100% Anxiety disorders by DSM-IV</p> <p>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.</p> <p>Notes: 142 primary care patients with PD (N=32), PD + agoraphobia (66), GAD (44), PD + GAD (40)</p> <p>Baseline: Comparable on all possible confounding & prognostic factors. Mean duration of disorder: 6-10 years</p>	<p>Data Used</p> <p>STAI-trait</p> <p>STAI-S</p> <p>Penn State Worry Questionnaire</p> <p>Beck Depression Inventory</p> <p>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%), Completers: Manual = 47/53, CBT = 54/63, TAU = 24/26</p>	<p>Group 1 N= 26</p> <p>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</p> <p>Group 2 N= 53</p> <p>Bibliotherapy-guided & CBT based. Mean dose 5 20 minute 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.</p> <p>Group 3 N= 63</p> <p>CBT. Mean dose 12 45 minute 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</p>	<p>Quality assessed: selection bias = low risk of bias, performance bias = unclear, attrition = low, detection = unclear. FUNDING: Netherlands organisation.</p>
<p>Results from this paper: TAU condition is unstructured compared with groups 1 and 2. Three treatment groups differ in intensity and complexity.</p>				

Conclusions: Three treatments didn't differ significantly

<p>WHITE1992A</p> <p>Study Type: Quasi-randomised</p> <p>Study Description: Examined the efficacy of either cognitive, behavioural, CBT, or placebo versions of 'stress control' large group didactic therapy</p> <p>Type of Analysis: Completers</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 42</p> <p>Followup: 6 months (data available for extraction)</p> <p>Setting: Secondary care, participants referred by GPs in Scotland.</p> <p>Notes: Randomisation: Patients were referred in batches to whichever therapy course was scheduled next.</p> <p>Info on Screening Process: 167 screened, 58 excluded due to not meeting criteria</p>	<p>n= 109</p> <p>Age: Mean 38 Range 18-65</p> <p>Sex: 30 males 79 females</p> <p>Diagnosis: 100% Generalised Anxiety Disorder (GAD) by DSM-III-R</p> <p>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</p> <p>Notes: DROP OUTS: PPlacebo = 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).</p> <p>Baseline: No significant differences found</p>	<p>Data Used</p> <p>STAI-T</p> <p>Modified somatic perception questionnaire</p> <p>Fear survey Schedule -III</p> <p>Dysfunctional Attitude Scale</p> <p>Beck Depression Inventory</p> <p>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).</p>	<p>Group 1 N= 26</p> <p>CBT version of 'stress control'. Mean dose 6 - involved an amalgam of the techniques from behaviour & cognitive versions of stress control large group didactic therapies (equivalent to Kitchiner's CBT group)</p> <p>Group 2 N= 31</p> <p>Behaviour therapy version of 'stress control'. Mean dose 6 - Involved progressive muscular relaxation, functional analysis, targeting and graded exposure, behavioural relaxation training and behavioural treatment of panic.</p> <p>Group 3 N= 10</p> <p>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.</p> <p>Group 4 N= 11</p> <p>Waiting-list control. Mean dose 6 - Joined second CT course after 6 weeks</p> <p>Group 5 N= 31</p> <p>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 techniques involved.</p>	<p>FUNDING: Lanarkshire health board, Quality assessed: Selection bias= high risk, performance bias= unclear risk, attrition bias = unclear risk, detection bias = unclear risk of bias.</p>
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Results from this paper:

Main components: 1) review; 2) education (talk given on topic each session); 3) therapy; 4) workshop-for practice; 5) Homework 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

<p>WHITE1995</p> <p>Study Type: RCT</p> <p>Study Description: Tested the efficacy of a self-help anxiety management package amongst individuals meeting DSM-III-R criteria for anxiety disorders</p> <p>Type of Analysis: Completer</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 90</p> <p>Followup: no follow-up data extractable</p> <p>Setting: Secondary care, participants referred by GPs in UK</p> <p>Notes: RANDOMISATION: No details provided</p> <p>Info on Screening Process: 97 screened, 35 excluded; 8 refused to enter project, 9 did not</p>	<p>n= 62</p> <p>Age: Mean 38 Range 18-65</p> <p>Sex: 26 males 36 females</p> <p>Diagnosis: 100% Anxiety disorders by DSM-III-R</p> <p>Exclusions: a) not meeting diagnostic criteria for any DSM-III-R anxiety disorder as the principal 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 problems or no written informed consent from patients</p> <p>Notes: 44% had GAD as a primary diagnosis</p>	<p>Data Used</p> <p>Hospital Anxiety and Depression Scale (depression)</p> <p>SCL-90R- Positive symptoms total scores</p> <p>ADIS-R (clinical severity)</p> <p>Hospital Anxiety and Depression Scale (anxiety)</p> <p>Remission (<8 on HADS anxiety subscale)</p> <p>SCL-90 General Severity index</p>	<p>Group 1 N= 20</p> <p>Waiting-list control. Mean dose 3 months - Had no contact with the therapist during the 3 months wait.</p> <p>Group 2 N= 20</p> <p>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</p>	<p>Quality assessed: Selection bias = unclear, performance bias = unclear, attrition bias = unclear, detection bias = unclear; 100% completion</p>
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reply, & 18 did not reach diagnostic or severity criteria.	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 3 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, desensitisation, advice & relaxation. 30 minutes given to describe pack & how to use it. No advice on dealing with specific problems was offered.	
<p>Results from this paper: Treatment aim: see if low intensity treatment is beneficial while patients wait for high intensity treatment. Conclusions: Stresspac effective and serve as good pretreatment for a high intensity treatment</p>				

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 with 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 criteria & 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
PHONGSAVAN2008	Low intensity intervention as an adjunct to a high intensity intervention
PROUDFOOT2003A	Data included in PROUDFOOT2004 paper
PROUDFOOT2004	Mixed anxiety & depression
PURVES2009	Open trial
RADLEY1997	Within subject changes. Also only 9 participants
REEVES2005	Study design-no control, non-randomised
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
SCHNEIDER2005A	No GAD clients
STEPTOE1989	Non-clinical population
TAKAISHI2000	No relevant outcomes
TELLO2002	Non-randomised, 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

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