Appendix 15e: Study characteristics – computerised cognitive behavioural therapy for panic disorder

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

Comparisons Included in this Clinical Question

CBT vs applied relaxation	CBT vs CCBT	CBT vs CCBT vs information control
CARLBRING2003	CARLBRING2005 KIROPOULOS2008	KLEIN2006

CCBT + stress management vs other active treatments	CCBT vs information control	CCBT vs waitlist control
RICHARDS2006A	RICHARDS2006A	CARLBRING2001 CARLBRING2006

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
CARLBRING2001 Study Type: RCT Study Description: Evaluated an internet delivered self-help programme + minimal therapist contact via email for people with panic disorder over a period of 7-12 weeks Type of Analysis: ITT Blindness: No mention Duration (days): Mean 67 Range 49-84 Followup: none Setting: Outpatients recruited from adverts: Sweden Notes: RANDOMISATION: drawing of lots Info on Screening Process: 500 screened.459 excluded as did not meet the DSM-IV criteria for panic disorder (PD)	n= 41 Age: Mean 34 Range 21-51 Sex: 12 males 29 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Not meeting the DSM-IV criteria for PD: duration of less than 1 year, younger than 18 or older than 60, had other psychiatric disorders that needed immediate treatment, had too mild a depression score on MADRS-SR (i.e. more than 21 points and more than 4 points on the suicide questions), no reported panic attacks or symptom attacks during pre-treatment baseline (2 weeks), on unstable medication (i.e. not constant for more than 3 months before), if recently joined therapy (in last 6 months), if having CBT already, no epilepsy, kidney problems, strokes, organic brain syndrome, emphysema, heart disorders, or chronic high blood pressure. If not had previous contact with a physician, psychologist, or other health professional as a consequence of panic attacks. Notes: 64% of sample was taking psychoactive medication, and SSRI were the most frequently prescribed drugs (44%) Baseline: Average daily anxiety during baseline period was 30 (SD = 15.4, range = 2.5-63), average number of full-blown panic attacks during the 2-week baseline period was 4.4 (SD = 6.9, range = 0-36) and 6.8 (SD = 8.7, range = 0-51) for limited symptom attacks. Daily anxiety CCBT = 30.85 (15.8), Control = 28.56 (15.3)	**Data Used** Agoraphobic Cognitions Questionnaire Mobility Inventory Full-blown panic attacks per week Limited symptom attacks per week Leaving the study early for any reason Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL Notes: DROP OUTS: 4 in CCBT; 1 in WLC. Taken at baseline, 12 weeks	**Group 1 N= 21** CCBT. Mean dose 12 - Expected to read material and do the exercises described in the modules. Had to answer the questions at the end of each module before they could receive the password to next module. **Group 2 N= 20** Waiting-list control. Mean dose 12	Funding:sponsored by grants from Swedish Medical Research Council and other Swedish foundations. Quality Assessed: Unclear for selection, performance, attrition and detection bias
CARLBRING2003 Study Type: RCT Study Description: 22 participants were randomised to either a web based applied relaxation or a multimodal treatment package based on CBT Type of Analysis: ITT Blindness: No mention Duration (days): Mean 14 Followup: none Setting: Recruited from waiting list of earlier	n= 22 Age: Mean 38 Range 18-60 Sex: 7 males 15 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: a) did not fulfill DSM-IV criteria for Panic Disorder (PD); b) PD duration of less than 1 year; c) younger than 18 and older than 60; d) had another psychiatric disorder; e) had a depression point total on the self-rated version of the MADRS-SR of more than 21 points and more	**Data Used** Agoraphobic Cognitions Questionnaire Mobility Inventory Remission ('panic free status') MADRS Number of panic attacks per week Leaving the study early for any reason Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL	**Group 1 N= 11** CCBT. Mean dose 2 sessions - Consisted of 6 modules: psychoeducation, breathing retraining, cognitive restructuring, exposure, relapse prevention and assertiveness training. A total of 30 minutes spent on each participant.	FUNDING: Swedish foundation for health care sciences and allergy research etc. Quality Assessed: Selection Bias-unclear; Performance Bias-unclear; Attrition Bias-Low; Detection Bias-Unclear

programme, self-recruited from internet adverts; Sweden Notes: RANDOMISATION: true random number service Info on Screening Process: 53 people screened, 31 excluded due to panic attacks being better accounted for by social phobia (n=18), specific phobia (n=2), or obsessive compulsive disorder (n =1). Also if did not come to interview (n=7), chose not to continue (n= 5).	than 4 points on the suicide question; f) PD not primary problem; g) less than one full blown panic attack or limited symptom attack during 2 week baseline period; h) an inconsistent dosage of prescribed drugs over 3 month period; i) will not agree to keep dosage constant throughout study; j) started therapy less than 6 months ago; k) having CBT; l) no previous contact with physician, psychologist or other mental health professional as consequence of panic attacks; m) other medical condition Notes: 30 minuntes spent on each participant (include administration, email response etc) Baseline: Years with PD: CCBT = 11.9 (6), AR = 8.8 (4); on SSRIs: CCBT = 34.6%, AR = 63.6%, Benzodiazepines: CCBT = 18.2%, AR = 27.3% Tricyclic antidepressant: CCBT = 36.4%, AR =9.1%, Psychotherapy: CCBT = 9.1%, AR = 18.2%, specific phobia: CCBT =63.6%, AR = 16.7%	Notes: Taken at 2 week baseline period & 2 week post-treatment. DROP OUT: CCBT= 3/11, AR = 2/11	**Group 2 N= 11** Applied relaxation (self-help). Mean dose 2 sessions - CD with three relaxation instructions. Divided into 9 modules ranging from psychoeducation to relapse prevention, Participants with mobiles were sent text reminders to relax twice every week day. A total of 30 minutes spent on each participant.	
CARLBRING2005 Study Type: RCT Study Description: A randomised trial comparing 10 individual weekly sessions of CBT vs. CCBT for PD. Type of Analysis: ITT Blindness: No mention Duration (days): Mean 70 Followup: 1 year (extractable) Setting: Waitlist of people who expressed interest in previous study, Sweden Notes: RANDOMISATION: true random number service (http://www.random.org) Info on Screening Process: 427 people screened 363 excluded due to social phobia, panic attack frequency too low, <3 symptoms, recent commencement of medication, recently commenced or intensified another unrelated psychotherapy, depression score high	n= 49 Age: Mean 35 Range 18-60 Sex: 14 males 35 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Person lived too far from the study site. Did not meet the DSM-IV criteria of panic disorder (PD), had a depression score on MADRS-SR of more than 21 points and more than 4 points on the suicide question, if PD was not the primary problem, if commenced medication less than 3 months ago, not agreeing to keep medication constant throughout study, if commenced therapy <6 months ago and if had CBT, if had general medical condition. If had PD < 1 year. Baseline: BAI: CBT = 24.5 (10.4), CCBT: 18.7 (10.3). Data available at baseline for medicine, psychotherapy & comorbid diagnosis.	**Data Used** Agoraphobic Cognitions Questionnaire Mobility Inventory MADRS Remission (not meeting diagnosis according to SCID Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL Notes: Taken at baseline, 10 weeks and 1 year follow up. DROP OUT: 3/24 CBT, 3/25 CCBT	**Group 1 N= 25** CCBT. Mean dose 150 minutes - manualized and divided into 10 modules: psychoeducation, breathing retraining, cognitive restructuring, interoceptive exposure, exposure in-vivo & relapse prevention. Exercises included thought records, homework, multiple choice questions, discussion grp. **Group 2 N= 25** CBT. Mean dose 10 weeks - manualized and divided into 10 modules: psychoeducation, breathing retraining, cognitive restructuring, interoceptive exposure, exposure in-vivo & relapse prevention. Sessions lasted 45-60 mins, homework expected & tape recordings to consolidate learning.	FUNDING: Sponsored by grants from various Swedish Foundations. Quality Assessed:selection bias-unclear; performance bias-unclear; attrition bias-low; detection bias-unclear
CARLBRING2006 Study Type: RCT Study Description: ITT included all randomised participants regardless of study participation. Type of Analysis: ITT(LOCF) Blindness: Rater only blind Duration (days): Mean 70 Followup: 9 months (treatment group only - data not extractable) Setting: Recruited from the waiting list of earlier trials, Sweden Notes: RANDOMISATION: A true random-number service was used Info on Screening Process: 358, 254 excluded through screening, 104 administered SCID, 44 further excluded due to low panic frequency (19), not reachable (9), changed medication (9), other psychotherapy (7)	n= 60 Age: Mean 37 Sex: 24 males 36 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: - not meeting DSM-IV criteria for panic disorder or panic disorder not the primary disorder - duration of panic disorder <1 year - aged <18 or >60 years - had another psychiatric disorder - MADRS >21 and/or > 4 on items targeting suicidal ideation - currently taking medication for panic disorder which is not stable or constant dose during the past 3 months and entire duration of the study - receiving any therapy that has lasted for less than 6 months and/or receiving any form of CBT - any other relevant medical conditions Baseline: BAI: CCBT: 20.8 (10.0), Waiting list control: 19.5 (9.4) No significant differences in baseline characteristics	**Data Used** Agoraphobic Cognitions Questionnaire Mobility Inventory Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL Remission (telephone clinical interview) Notes: TAKEN AT: Baseline and end of treatmen (10 weeks), 9 month follow-up for intervention group only DROPOUTS: CCBT: 1/30 (3%), WLC: 2/30 (7%)	**Group 1 N= 30** Waiting-list control **Group 2 N= 30** CCBT - Manualised treatment divided into 10 modules each consisting of 25 pages of written text, which were converted into interactive web pages. Participants accessed the programme at home or their place of work. Modules included information and exercises. Waiting-list control	Funding: funded by grants from the Swedish Foundation for Healthcare Sciences and Allergy Research and other Swedish research foundations. Quality assessed: selection bias-unclear; performance bias-unclear; attrition bias-low; detection bias-low

KIROPOULOS2008 Study Type: RCT Study Description: Compare weekly individual face-face CBT with CCBT Type of Analysis: Completer Blindness: Single blind Duration (days): Mean 84 Followup: N/A Setting: Recruited through Panic Online website, Australia Notes: RANDOMISATION:- random numbers table. Info on Screening Process: 799 potential participants were screened for eligibility using a questionnaire. 713 didn't fit DSM-IV criteria for Panic Disorder (PD).	n= 86 Age: Mean 39 Range 20-64 Sex: 24 males 62 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Not Australian residents and living in Victoria. Not having a DSM-IV primary diagnosis of PD (with or without agoraphobia). Presence of seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, personality disorder, or chronic hypertension. Taking other types of therapy during the study. Those with anxiety/depression who were not stabilised on their medication for at least 12 weeks. Baseline: Panic disorder severity scale: CCBT: 14.85(4.40) CBT: 14.80 (5.04). Comorbidity: PD only: 42%, PD + Agoraphobia = 58%	**Data Used** Agoraphobic Cognitions Questionnaire Treatment satisfaction Clinician-rated panic Therapist allegiance questionnaire Anxiety Sensitivity Profile Clinician-rated agoraphobia Treatment credibility scale Full panic attacks in last month Remission (clinician-rated severity rating < 2) PDSS (Panic Disorder Severity Scale) Leaving the study early for any reason QoL Depression Anxiety Stress Scales Notes: Taken at: Baseline and endpoint DROP OUT: 5/46 CCBT, 2/40 CBT	**Group 1 N= 40** CBT - Manualised CBT over 12 weeks. One hour weekly sessions and designated weekly reading. **Group 2 N= 46** CCBT - Panic Online is a structured programme comprised of 4 modules. One module per week. Therapists responded to participants' emails within 24 hours. Majority reported using the programme at home.	National Health and Medical Research Council Project grant. Quality assessed: unclear for selection, performance, attrition, & detection bias
KLEIN2006 Study Type: RCT Study Description: ITT included all randomised participants regardless of study participation. Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 42 Followup: 90 days (not extractable) Setting: Recruited online, outpatients, Australia Notes: RANDOMISATION: Randomly assigned sequentially (ABC, ABC) Info on Screening Process: 130 registered, 75 excluded in total, for not meeting DSM-IV Panic Disorder (PD) diagnosis (n=54), no longer interested (n=7), other reasons (n=14).	n= 55 Age: Range 18-70 Sex: 11 males 44 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: -Not Australian residents -Not having a DSM-IV primary diagnosis of Panic Disorder (with/without agoraphobia) -Having seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, or chronic hypertension. - taking other types of therapy during study. -if those with depression/anxiety had not been stabilised on medication for at least 4 weeks. Baseline: CCBT: 21.11(3.7), self-administered CBT 21.7(4.5), Control 19.14(4.5)	**Data Used** Number of GP visits in 1 month Agoraphobic Cognitions Questionnaire Treatment satisfaction Clinician assessed panic severity Body Vigilance Scale Anxiety Sensitivity Profile Clinician-rated agoraphobia PDSS (Panic Disorder Severity Scale) Health rating Number of panic attacks per week Depression Anxiety Stress Scales Remission (panic free using ADIS-IV criteria) Notes: Taken at: baseline, endpoint and 3 month follow-up. DROP OUT: 1/19 CCBT, 3/15 Self-CBT, 5/18 Control.	**Group 1 N= 18** Information control - Told to wait 6 weeks until therapist was available. Minimal support provided- contacted each week for monitoring and told to re-read info on internet based program. **Group 2 N= 19** CCBT - Panic Online- 6 week structured programme, 4 learning modules and relapse prevention module. Therapist responded to emails within 24 hours. **Group 3 N= 18** CBT self-help - CBT bibliotherapy workbook over 6 weeks. Therapist telephones twice weekly to assist and monitor. Used mostly from home.	Australian Rotary Health Research Fund grant. Quality assessed: Bias: Selection-High; Performance-Unclear; Attrition-Low; Detection-Unclear
RICHARDS2006A Study Type: RCT Study Description: Effect of CCBT+ stress management vs. CCBT alone vs. internet-based info-only control on end-state functioning at week 8 and 3 month follow up Type of Analysis: ITT Blindness: Open Duration (days): Mean 56 Followup: 3 months (not extractable)	n= 32 Age: Mean 37 Range 18-70 Sex: 10 males 22 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Presence 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	**Data Used** Number of GP visits in 1 month Agoraphobic 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	**Group 1 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	Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; attrition-unclear; detection-unclear

author's panic website. Australia Notes: RANDOMISATION: no details provided Info on Screening Process: 68 screened, 36 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.	agoraphobia). If on medication for less than 4 weeks . Notes: 25 had a primary diagnosis of PD with agoraphobia & 7 without agoraphobia. 7 people had a secondary diagnosis of social phobia, 4 of GAD, 3 with depression, 3 of specific 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) Number of panic attacks per week: CCBT (alone) = 2.92 (4), CCBT + stress management = 3.36 (3.6), control = 1 (0.9); a sign difference was observed for number of panic attacks 1 week prior to pre-assessment and DASS depression	Number of panic attacks per week QoL Depression Anxiety Stress Scales Notes: Outcomes measured at baseline, 8 weeks, and 3-month follow up. DROP OUT: 2/12 CCBT, 1/11 CCBT + Stress management, 2/9 control.	**Group 2 N= 9** CCBT. Mean dose 8 weeks - Comprised of four learning modules, introductory and relapse prevention modules. Included standardised CBT treatments. Therapist interaction over email enabled support and feedback and guidance through programme. Standardised information provided. **Group 3 N= 9** Information control. Mean dose 8 weeks - Received no active CBT and were informed that they were required to wait 8 weeks for a therapist to become available. Minimal support provided. Questioned participant panic status. After 8 week interval & completion of assessments, offered treatment.	

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
BERGSTROM2009	No control group, non randomised
BOTELLA2007	Virtual reality exposure
BOUCHARD2004	Not a CCBT method
CHOI2005	Computerised graded exposure
CHRISTENSEN2004	Diagnostic criteria
CHRISTENSEN2006	Diagnostic criteria
CUKROWICZ2007	Non-clinical sample
DRAPER2008	N < 3
FARVOLDEN2005	Non-RCT, diagnosis not based on DSM-IV but rather on a web-based depression & anxiety test
GEGA2007	Paper focuses on teaching method and not on the intervention
GHOSH1988	Computerised graded exposure
GORINI2008	Protocol only - author contacted but not published
Hayward2009	Non-RCT
KENARDY2003A	Augmentation: Not in the scope
KENWRIGHT2004	Not an RCT
KLEIN2001	Non-extractable data
KLEIN2008	N < 6, not an RCT
MARKS2004	Population: Mostly phobic disorders
NEWMAN1997	N < 10
NEWMAN1999	N < 10
PENATE2008	Chronic agoraphobia
PIER2008	Non randomised controlled study
PROUDFOOT2004A	Cannot extract data for anxiety
RICHARDS2002	Non RCT
SHANDLEY2008	Non- RCT (natural groups design)

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CARLBRING2001 (Published Data Only)

Carlbring, P., Westling, B.E., Ljungstrand, P., et al. (2001) Treatment of panic disorder via the internet: A randomised trial of a self-help program. Behavior Therapy, 32, 751-764

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Carlbring, P., Bohman, S., Brunt, S., et al. (2006) Remote treatment of panic disorder: A randomized trial of internet-based cognitive behavior therapy supplemented with telephone calls. American Journal of Psychiatry, 163, 2119-2125.

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Klein, B., Richards, J. C. & Austin, D. W. (2006) Efficacy of internet therapy for panic disorder. Journal of Behavior Therapy and Experimental Psychiatry, 37, 213-238.

RICHARDS2006A (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.

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Botella, C., Gracia-Palacios, A., Villa, H., et al. (2007) Virtual reality exposure in the treatment of panic disorder and agoraphobia: A controlled study. Clinical Psychology and Psychotherapy, 14, 164-175.

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Bouchard, S., Paquin, B., Payeur, R., et al. (2004) Delivering cognitive-behavior therapy for panic disorder with agoraphobia in videoconference. Telemedicine Journal & E-Health, 10, 13-25.

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Christensen, H., Griffiths, K. M., Korten, A. E., et al. (2004) A comparison of changes in anxiety and depression symptoms of spontaneous users and trial participants of a cognitive behavior therapy website. Journal of Medical Internet Research, 6, e46.

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Cukrowicz, K. C. & Joiner, J. (2007) Computer-based intervention for anxious and depressive symptoms in a non-clinical population. Cognitive Therapy and Research, 31, 677-693.

DRAPER2008 (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.

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Farvolden, P., Denisoff, E., Selby, P., et al. (2005) Usage and longitudinal effectiveness of a web-based self-help cognitive behavioural therapy program for panic disorder. Journal of Medical Internet Research, 7, e7.

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Gega, L., Norman, I. J. & Marks, I.M. (2007) Computer-aided vs. tutor-delivered teaching of exposure therapy for phobia/panic: Randomised controlled trial with pre-registration nursing students. International Journal of Nursing Studies, 44, 397-405

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Ghosh, A., Marks, I.M. & Carr, A.C. (1988) Therapist contact and outcome of self-exposure treatment for phobias. British Journal of Psychiatry, 152, 234-238.

GORINI2008 (Published Data Only)
Gorini, A. & Riva, G. (2008) The potential of virtual reality as anxiety management tool: A randomized controlled study in a sample of patients affected by generalized anxiety disorder. Trials, 9, 25.

Hayward2009 (Published Data Only)
Hayward, L. & MacGregor, A.D. (2007) The feasibility and effectiveness of computer-guided CBT (FearFighter) in a rural area. Behavioural and Cognitive Psychotherapy, 35, 409-419.

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

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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

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Richards, J.C. & Alvarenga, M.E. (2002) Extension and replication of an internet-based treatment program for panic disorder. Cognitive Behaviour Therapy, 31, 5, 41-47.

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Shandley, K., Austin, D.W., Klein, B., et al. (2008) Therapist-assisted, internet-based treatment for panic disorder: Can general practitioners achieve comparable patient outcomes to psychologists? Journal of Medical Internet Research, 10, e14.

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 CCBT	CCBT + stress management vs control	CCBT vs information control	Infrequent contact CCBT vs frequent contact CCBT
RICHARDS2006A	RICHARDS2006A	RICHARDS2006A	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 weeks Notes: 42 had a primary diagnosis of PD with agoraphobia & 15 without agoraphobia. Baseline: Number 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** Agoraphobic 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 weeks 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-week 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-week intervention period and that their therapist would respond, at a minimum, three times per week.	FUNDING: Australian Rotary Health Research Fund; Quality assessed: selection bias: unclear; performance bias: unclear; attrition bias: low; detection bias; low
RICHARDS2006A Study Type: RCT Study Description: Effect of CCBT+ stress management vs. CCBT alone vs. internet-based info-only control on end-state functioning at week 8 and 3 month 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 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.	n= 32 Age: Mean 37 Range 18-70 Sex: 10 males 22 females Diagnosis: 100% Panic disorder by DSM-IV Exclusions: Presence 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 4 weeks . Notes: 25 had a primary diagnosis of PD with agoraphobia & 7 without agoraphobia. 7 people had a secondary diagnosis of social phobia, 4 of GAD, 3 with depression, 3 of specific 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) Number of panic attacks per week: CCBT (alone) = 2.92 (4), CCBT + stress management = 3.36 (3.6), control = 1 (0.9); a sign difference was observed for number of panic attacks 1 week prior to pre-assessment and DASS depression	**Data Used** Number of GP visits in 1 month Agoraphobic 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 Notes: Outcomes measured at baseline, 8 weeks, and 3-month follow up. DROP OUT: 2/12 CCBT, 1/11 CCBT + Stress management, 2/9 control.	**Group 1 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 **Group 2 N= 9** CCBT. Mean dose 8 weeks - Comprised of four learning modules, introductory and relapse prevention modules. Included standardised CBT treatments. Therapist interaction over email enabled support and feedback and guidance through programme. Standardised information provided.	Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; attrition-unclear; detection-unclear

			Group 3 N= 9 Information control. Mean dose 8 weeks - Received no active CBT and were informed that they were required to wait 8 weeks for a therapist to become available. Minimal support provided. Questioned participant panic status. After 8 week interval & completion of assessments, offered treatment.	

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
KENARDY2003A	Augmentation: not in the scope
KENARDY2003B	Subclinical population
SCHNEIDER2005	Population: mostly phobic disorders

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.

RICHARDS2006A (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.

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.

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.