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

Comparisons Included in this Clinical Question

CCBT + stress management vs. other active treatments
RICHARDS2006a

CCBT vs. Computerised relaxation programme
MARKS2004

CCBT vs. Face-to-Face CBT
MARKS2004

CCBT vs. Information control
RICHARDS2006a

CCBT vs. other active treatments
CARLBRING2003
CARLBRING2005
KIROPOULOS2008
KLEIN2006
RICHARDS2006a

CCBT vs. Wait-list control
CARLBRING2001
CARLBRING2006

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
CARLBRING2001 Study Type: RCT Study Description: Evaluated an internet delivered self-help program + minimal therapist contact via email for ppl suffering from panic disorder over a period of 7-12 wk 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, suffered from other psychiatric disorders that were in an immediate need for treatment, had too mild of a depression score on MADRS-SR (i.e. more than 21 pts and more than 4pts on suicide q), no reported panic attacks or symptom attacks during pre-treatment baseline (2 wks), on unstable medication (i.e. not constant for more than 3mths before), if recently joined therapy (in last 6 months), if on CBT therapy program 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 conseq of panic attacks. Notes: 64% of sample was taking psychactive medication, and SSRI wer the most freq prescribed medication (44%) Baseline: Average daily anxiety during baseline period was 30 (SD = 15.4, range = 2.5-63), average no. of full-blown panic attacks during the 2-wk baseline period was 4.4 (SD = 6.9, range = 0-36) and 6.8 (SD = 8.7, range = 0-51) for limited symtom attacks. Daily anxiety CCBT = 30.85 (15.8), Control = 28.56 (15.3)	**Data Used** Agrophobic 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 wks	**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
Results from this paper: Effective against WLC. Note the drop out rates				
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	n= 22 Age: Mean 38 Range 18-60 Sex: 7 males 15 females	**Data Used** Agrophobic Cognitions Questionnaire Mobility Inventory Remission ('panic free status') MADRS	**Group 1 N= 11** CCBT. Mean dose 2 sessions - Consisted of 6 modules: psychoeducation, breathing retraing, cognitive restructuring, exposure, relapse prevention and assertiveness	FUNDING: Swedish foundation for health care sciences and allergy research etc. Quality Assessed: Selection Bias-

Type of Analysis: ITT Blindness: No mention Duration (days): Mean 14 Followup: none Setting: Recruited from waitling list of earlier 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).	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 yr; c) younger than 18 and older than 60; d) suffering from another psychiatric disorder; e) have a depression point total on the self-rated version of the MADRS-SR of more than 21 pts and more than 4 pts on the suicide question; f) PD not primary problem; g) less than one full blown panic attack or limited symtom 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) on CBT therapy; l) no previous contact with physician, psychologist or other mental health prof. as conseq of panic attacks; m) other medical condition Notes: 30 min 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%, Benzos: CCBT = 18.2%, AR = 27.3% Tricychlic antid: CCBT = 36.4%, AR =9.1%, Psychotherapy: CCBT = 9.1%, AR = 18.2%, specific phobia: CCBT =63.6%, AR = 16.7%	Number of panic attacks per week Leaving the study early for any reason Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL Notes: Taken at 2 wk baseline period & 2 wk post treatment. DROP OUT: CCBT= 3/11, AR = 2/11	training. A total of 30 minutes spent on each participant. **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 mobile were sent text reminders to relaxe twice every week day. A total of 30 minutes spent on each participant.	unclear; Performance Bias-unclear; Attrition Bias-Low; Detection Bias-Unclear
Results from this paper: No difference between 2 computer programmes				
CARLBRING2005 Study Type: RCT Study Description: A randomized 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 panic attacks being better a/c for by social phobia, panic attack freq too low, <3 symtoms, 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 pt total on MADRS-SR of more than 21 pts and more than 4 pts 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 <6mths ago and if had CBT therapy, if had general medical cond. 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** Agrophobic 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 wks and 1 year follow up. DROP OUT: 3/24 CBT, 3/25 CCBT	**Group 1 N= 25** CCBT. Mean dose 150 mins - manualized and divided into 10 modules: psychoeducation, breathing retraining, cognitive restruc, interoceptive exposure, exposure in-vivo & relapse prevention. Exercises included (e.g. 3-8 essay q), thought records, homework, MCQs, discussion grp. **Group 2 N= 25** CBT. Mean dose 10 wks - manualized and divided into 10 modules: psychoeducation, breathing retraining, cognitive restruc, interoceptive exposure, exposure in-vivo & relapse prevention. Sessions lasted 45-60mins, 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
Results from this paper: CCBT plus minimal therapist contact via email is equally effective as tradtional individual CBT.Small effect sizes.				
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	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	**Data Used** Agrophobic Cognitions Questionnaire Mobility Inventory Beck Anxiety Inventory Beck Depression Inventory Body Sensations Questionnaire QoL	**Group 1 N= 30** Waiting-list control	Funded funded by grants from the Swedish Foundation for Healthcare Sciences and Allergy Research and other Swedish research foundations. Quality assessed: selection bias-

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)	or panic disorder not the primary disorder - duration of panic disorder <1 year - aged <18 or >60 years - suffering from another psychiatric disorder - MADRS >21 and/or > 4 on items targettign 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	Remission (telephone clinical interview) Notes: TAKEN AT: Baseline and end of treatmen (10 weeks), 9 month FU for intervention group only DROPOUTS: CCBT: 1/30 (3%), WLC: 2/30 (7%)	**Group 2 N= 30** CCBT - Manualized 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	unclear; performance bias-unclear; attrition bias-low;detection bias-low
Results from this paper: Use of treatment distributed via internet with addition of short weekly telephone calls is effective				
KIROPOULOS2008 Study Type: RCT Study Description: Compare wkly sessions indiv face-face CBT with CCBT Type of Analysis: Completor Blindness: Single blind Duration (days): Mean 84 Followup: N/A Setting: Recruited through PanicOnline 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 thier medication for at least 12 weeks. Baseline: Panic disorder severity scale: CCBT: 14.85(4.40) CBT: 14.80 (5.04). Comorbity: PD only: 42%, PD + Agrophobia = 58%	**Data Used** Agrophobic 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 program comprised of 4 modules. One module per week. Therapists responded tp participants emails within 24 hours. Majority reported using the program at home.	National Health and Medical Research Council Project grant. Quality assessed: unclear for selection, performance, attrition, & detection bias
Results from this paper: CCBT plus minimal therapist contact via email can be equally effective as traditional face to face CBT.				
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, outpateints, 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	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 fro at least 4 weeks.	**Data Used** Number of GP visits in 1 month Agrophobic 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)	**Group 1 N= 18** Information control - Told to wait 6 weeks until therapist was avaliable. 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 reponded 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

interested (n=7), other reasons (n=14).	Baseline: CCBT: 21.11(3.7), self-administered CBT 21.7(4.5), Control 19.14(4.5)	Notes: Taken at: baseline, endpoint and 3 month follow-up. DROP OUT: 1/19 CCBT, 3/15 Self-CBT, 5/18 Control.		
Results from this paper: Both CCBT and bibliotherapy are more effective than information control. CCBT is better than bibliotherapy on some outcomes.				
MARKS2004 Study Type: RCT Study Description: Examined the impact of CBT vs. CCBT in comparison to placebo for patients with phobia or Panic Disorder (PD) at 10 wks, 1 and 3 month follow up Type of Analysis: completer Blindness: Single blind Duration (days): Mean 81 Range 70-92 Followup: 1 months(not extractable) Setting: Outpatients-self-referred: Maudlsley Hospital, London Notes: RANDOMISATION: masked, sealed envelopes based on a computer generated set of random numbers Info on Screening Process: 129 outpatients screened in a 25-min semi-structured interview . 35 deemed unsuitable. 16 primary diagnosis not phobia/PD, 12 too mild, 2 medical condition, 2 refused, 3 other reasons unstated	n= 90 Age: Mean 38 Range 18- Sex: 30 males 60 females Diagnosis: 71% Phobic disorder by DSM-IV Exclusions: Did not meet the DSM-IV criteria for phobia/PD. Having a rating of less than 4 ib the global phobia scale of FQ, failing to provide written consent, having an active psychotic illness, suicidal depression or disabling cardiac or repiratory disease, on benzodiazepine or a diazepam-equiv dose of 5mg/day, on >21 units (men) or >14 units (women) of alcohol a wk, began or changed a dose or type of antidepressant medication within the last 4wks Notes: Where post-baseline data were unavailable, baseline data were not carried forward in the manner often done. Baseline: For the whole sample, baseline severity was moderate on FQ Total (mean = 34, SD = 21), FQ-depression (mean = 3.1, S.D. = 2.2) and FQ-dysphoria (mean = 21, SD = 12.4).	**Data Used** Treatment satisfaction Patient Satisfaction Goals Fear Questionnaire Main problems Work/Social Adjustment Leaving the study early for any reason Notes: Taken at Pre & Post-treatment, along with 1 & 3 month follow up.	**Group 1 N= 17** Placebo - 10 weeks. Guided in self-relaxation techniques by a PC which explained the treatment rationale, taught relaxation exercises with a biofeedback relaxation-training program (de-STRESS, 1997) & advised daily relaxation homework for 40-min between sesstion. **Group 2 N= 37** CCBT - Patients had 6hr long individual treatment sessions over 10-wks and follow up 1-3 months later. Each treatment was standardized. Completed daily homework diaries of self-exposure. Used a PC to go through 9 steps e.g. identifying triggers for panic. **Group 3 N= 39** CBT - 6hr sessions over 10 wks and follow up 1-3 months later. Standardized treatment, completed daily homework diaries. Involved self-exposure instruction, guided entirely face-to-face by a clinician who explained the treatment rationale & help set goals.	DROP-OUT; CCBT: 16/37, CBT: 10/39, Placebo: 1/17. Reasons for dropping out were similar in each grp. Support provided by EU Marie Curie Fellowship. Bias:selection-low; performance-unclear;attrition-unclear;detection-unclear
Results from this paper: CCBT is as effective as face to face CBT. But note the drop out rates. Note: Narratively reviewed				
RICHARDS2006a 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 Setting: Recruited outpatients who had 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	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 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	**Data Used** QoL Number of panic attacks per week Health rating PDSS (Panic Disorder Severity Scale) Remission (clinician rated severity rating < 2) Clinician rated Agoraphobia Anxiety Sensitivity Profile Body Vigilance Scale Clinician rated Panic Agrophobic Cognitions Questionnaire Number of GP visits in 1 month Depression Anxiety Stress Scales	**Group 1 N= 12** 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 **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.	Funding: Australian Rotary Health Research Fund. Quality assessed: Bias:selection-unclear; performance-unclear; attrition-unclear; detection-unclear

over 70, not having PD as their primary diagnosis.	= 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 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	

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 DMS-IV but rather on a web-based depression & anxiety test
GEGA2007	Paper focusses 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
NEWMAN1997	N < 10
NEWMAN1999	N < 10
PENATE2008	Chronic agrophobia
PIER2008	Non randomised controlled study
PROUDFOOT2004A	Cannot extract data for anxiety
RICHARDS2002	Non RCT
SHANDLEY2008	Non- RCT (natural groups design)

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