ECONOMIC EVIDENCE PROFILES - Computerised cognitive behavioural therapy for Panic Disorder

Clinical / economic question: CCBT vs waiting list for panic disorder

Internet Psychiatri versus waiting list

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Guideline analysis (model 3) UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 1 year	£115.62	0.052	£2,216/QALY	Probability of Internet Psychiatri being cost-effective at £20,000/QALY: 85.3%

1. Costs expressed in 2009 UK pounds
2. Limited evidence base (2 RCTs); intervention currently not available in the UK
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on EQ-5D

Clinical / economic question: CCBT vs information control for panic disorder

Panic online versus information control

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Klein *et al.*, 2006 Australia	Potentially serious limitations[2]	Partially applicable[3]	• Time horizon: 6 weeks • Cost-consequence analysis	£141	See GRADE clinical profile above	Non-Applicable	No statistical analysis of costs
Guideline analysis (model 1) UK	Minor limitations[4]	Directly applicable[5]	• Time horizon: 1 year	£354.96	0.046	£7,599/QALY	Probability of cost effectiveness at £20,000/QALY: 92%

1. Costs converted and uplifted to 2009 UK pounds, using PPP exchange rates (http://www.oecd.org/std/ppp) and the UK HCHS inflation index; assuming study cost year 2004.
2. Short time horizon; intervention costs only considered; various panic, anxiety and cognition outcomes measured (cost-consequence analysis)
3. Australian study; narrow perspective (intervention costs only considered); local prices used; no QALYs estimated but outcome measures considered relevant in guideline systematic review of clinical evidence
4. Limited evidence base (2 RCTs); intervention currently not available in the UK
5. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on EQ-5D

Clinical / economic question: CCBT versus relaxation for panic disorder

Fear Fighter (FF) versus relaxation

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER[1] (£/effect)	Uncertainty[1]
Kartenhaler *et al.*, 2006 UK	Minor limitations[2]	Partially applicable[3]	• Time horizon: 12 months	£173	0.058QALYs	£2,980/ QALY	Probability of relaxation being cost-effective vs. FF or clinician-led CBT at a threshold of £30,000/QALY: 0%
McCrone *et al.*, 2009 UK	Potentially serious limitations[4]	Partially applicable[5]	• Time horizon: 14 weeks • Two analyses using: a. main problem ratings b. global phobia ratings	a. £144-£245 b. £150-£251	a. 3.24 b. 1.88	a. £44-£76/mean improvement in main problem rating £80-£133/mean improvement in global phobia rating	Probability of FF being more cost-effective than relaxation: a. 50% at a threshold of £42-£77 per unit of main problem rating b. 50% at a threshold of £77-£137 per unit of global phobia rating

1. Costs uplifted to 2009 UK pounds using the UK HCHS inflation index.
2. QALYs estimated from data on the self-reported global phobia item; panic symptoms not necessarily captured; short time horizon; resource use estimates based on manufacturers and assumptions
3. Study population not entirely relevant (people with panic phobia); HRQoL scores taken from European community-based mental health survey; overall state of panic disorder valued
4. Short time horizon; intervention costs only considered; outcomes measured as improvements in main symptoms & global phobia ratings; potential conflict of interest
5. Study population not entirely relevant (people with panic or phobic disorder); narrow perspective (intervention costs only considered); no QALYs estimated but outcome measures considered relevant in guideline systematic review of clinical evidence

Clinical / economic question: CCBT (Panic Online, PO) versus therapist-assisted self-administered CBT for panic disorder

Panic Online versus therapist-assisted self-administered CBT

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Klein *et al.*, 2006 Australia	Potentially serious limitations[2]	Partially applicable[3]	• Time horizon: 6 weeks • Cost-consequence analysis	-£14	See GRADE clinical profile above	Non-Applicable	No significant difference in costs

1. Costs converted and uplifted to 2009 UK pounds, using PPP exchange rates (http://www.oecd.org/std/ppp) and the UK HCHS inflation index; assuming study cost year 2004.
2. Short time horizon; intervention costs only considered; various panic, anxiety and cognition outcomes measured (cost-consequence analysis)
3. Australian study; narrow perspective (intervention costs only considered); local prices used; no QALYs estimated but outcome measures considered relevant in guideline systematic review of clinical evidence

Clinical / economic question: CCBT vs face-to-face CBT for panic disorder

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Fear Fighter (FF) versus face-to-face CBT							
Kartenhaler *et al.*, 2006 UK	Minor limitations[2]	Partially applicable[3]	• Time horizon: 12 months	-£240	-0.011QALYs	£22,000/ QALY	Probability of FF being cost-effective at a cost-effectiveness threshold of £30,000/QALY: 39%
McCrone *et al.*, 2009 UK	Potentially serious limitations[4]	Partially applicable[5]	• Time horizon: 14 weeks • Two analyses using: a. main problem ratings b. global phobia ratings	a. -£139 to -£234 b.- £133 to -£234	a. 0.03 b. -0.64	a. FF dominant b. £208-£366/ mean improvement in global phobia rating	Not reported
Panic Online (PO) versus face-to-face CBT							
Guideline analysis (model 2) UK	Minor limitations[6]	Directly applicable[7]	• Time horizon: 1 year	-£303.00	-0.023	£126,849/QALY	Probability of PO being cost-effective at £20,000/QALY: 71%
Internet Psychiatri versus face-to-face CBT							
Guideline analysis (model 4) UK	Minor limitations[6]	Directly applicable[7]	• Time horizon: 1 year	-£433.50	0.012	cCBT dominant	Probability of Internet Psychiatri being cost-effective at £20,000/QALY: 95%

1. Costs uplifted to 2009 UK pounds using the UK HCHS inflation index.
2. QALYs estimated from data on the self-reported global phobia item; panic symptoms not necessarily captured; short time horizon; resource use estimates based on manufacturers and assumptions
3. Study population not entirely relevant (people with panic phobia); HRQoL scores taken from European community-based mental health survey; overall state of panic disorder valued
4. Short time horizon; intervention costs only considered; outcomes measured as improvements in main symptoms & global phobia ratings; potential conflict of interest
5. Study population not entirely relevant (people with panic or phobic disorder); narrow perspective; no QALYs estimated but outcome measures considered relevant in guideline systematic review of clinical evidence
6. Limited evidence base (1 RCT); intervention currently not available in the UK
7. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on EQ-5D