APPENDIX 15: ECONOMIC EVIDENCE: COMPLETED METHODOLOGY CHECKLISTS

Study identification Valmaggia, L.R., McCrone, P., Knapp, M., Woolley, J.B., Broome, M.R., Tabraham, P., Johns, L.C., Prescott, C., Bramon, E., Lappin, J., Power, P., McGuire, P.K. Economic impact of early intervention in people at high risk of psychosis (2009) Psychological Medicine, 39 (10), pp. 1617-1626.			
Guideline topic: For CYP who are at risk of developing psychosis and schizophrenia (at risk mental state), does the provision of pharmacological and/or psychosocial interventions improve outcomes?			**Question no:**
Checklist completed by: Nadir Cheema			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case) This checklist should be used first to filter out irrelevant studies.		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Partly	Mean age 24 years, at High Risk
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	A societal perspective also adopted
1.5	Are all direct health effects on individuals included?	Partly	Transition to psychosis implicitly takes into account HRQoL
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Second year costs not discounted
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	Outcome measure was the risk of developing psychosis and long duration of untreated psychosis DUP.
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10 **Overall judgement**: Partially applicable			
Other comments:			

Section 2: Study limitations (the level of methodological quality) This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline.		**Yes/ Partly /No/ Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Psychotic orders are lifelong, didn't examine long-term benefits and costs
2.3	Are all important and relevant health outcomes included?	Partly	Transition to psychosis does not fully take into account HRQoL
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Naturalistic studies
2.5	Are the estimates of relative treatment effects from the best available source?	No	based on two observational studies.
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	Based on two observational studies.
2.8	Are the unit costs of resources from the best available source?	Yes	National Unit Costs
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	ICER is calculated using the reported data.
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?		Yes	
2.11 Is there no potential conflict of interest?		Yes	
2.12 **Overall assessment:** Potentially serious limitations			
Other comments:			

Study identification: Philips et al. Cost implications of specific and non-specific treatment for young persons at ultra high risk of developing a first episode of psychosis. Early Interv Psychiatry 2009; 3(1): 28-34.			
Guideline topic: For CYP who are at risk of developing psychosis and schizophrenia (at risk mental state), does the provision of pharmacological and/or psychosocial interventions improve outcomes?			**Question no:**
Checklist completed by: Nadir Cheema			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case) This checklist should be used first to filter out irrelevant studies.		**Yes/ Partly/ No/Uncle ar /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Partly	Mean age 20
1.2	Are the interventions appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australian
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Australian, but health sector perspective
1.5	Are all direct health effects on individuals included?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	3%
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10 Overall judgement: Partially applicable			
Other comments:			

Section 2: Study limitations (the level of methodological quality) This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the clinical guideline.		**Yes/ Partly /No/ Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Study conducted alongside an RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Costs of 36 months
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	Trial during treatment, patient questionnaire during follow up and assumptions.
2.8	Are the unit costs of resources from the best available source?	Partly	Local and national unit costs
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Dominant	
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?		No	
2.11 Is there no potential conflict of interest?		Unclear	
2.12 **Overall assessment:** Potentially serious limitations.			
Other comments:			