APPENDIX 13: INTERVENTIONS FOR ADULTS (PAIRWISE ANALYSES) – STUDY CHARACTERISTICS

Pharmacological interventions....4
Monoamine oxidase inhibitors (MAOIs)....4
Brofaromine (sensitivity analysis)....4
Moclobemide....4
Tranylcypromine....4
Serotonin and noradrenaline reuptake inhibitors (SNRIs)....5
Duloxetine....5
Antipsychotics....5
Olanzapine....5
Quetiapine....5
Psychological interventions....6
Cognitive bias modification....6
Individual CBT....8
Group CBT for paroxetine non-remitters....8
Interpersonal psychotherapy....8
Exposure with cognitive enhancers....8
Exposure with D-cycloserine....8
Exposure with oxytocin....9
Combined psychological and pharmacological interventions....10
Preference-based therapy....10
Specific subgroups....11
Interventions for fear of public speaking....11
Interventions for fear of blushing, trembling or sweating....12
Physical interventions....13
Residential interventions....13
Interventions for social anxiety disorder and comorbid alcohol misuse....14
Paroxetine....14
Interventions for social anxiety disorder and attention deficit hyperactivity disorder....15

Key to table headings

Study	Study identifier; references for the studies can be found in the guideline.
Country	Three letter abbreviations (see below) for all countries from which participants were recruited.
Interview	If a structured interview was used, the name of the interview and the diagnostic criteria used.
Age	Mean age of participants.
% Female	Percentage of participants enrolled who were female.
% White	Percentage of participants enrolled who described themselves as white/'Caucasian'.
% Med	Percentage of participants taking medication (for example, an SSRI or benzodiazepine) at baseline. Normally these participants were on a stable dose and agreed not to change their dose during the trial.
N Rand	Number of participants randomised to each group.
N Post	Number of participants who completed assessment at post-treatment.
Group	Name of each group included in the trial.
Dose	For each group, the amount of medication or psychological intervention received. For medication, milligrams per dose (average where possible, otherwise endpoint). For psychological interventions, hours per dose.
Freq	Number of doses per week.
Dur	Number of weeks of intervention. Dose x Freq X Dur = Total amount of medication or psychological intervention received.
Funder	Name of the funder (for example, pharmaceutical company, agency).

Abbreviations

ADIS	Anxiety Disorders Interview Schedule
AUS	Australia
BEL	Belgium
BRA	Brazil
CBT	cognitive behavioural therapy
CT	cognitive therapy
DSM (-III, -V, -R)	*Diagnostic and Statistical Manual of Mental Disorders* (3rd edition, 4th edition, Revision)
ESP	Spain
GER	Germany
MAOI	monoamine oxidase inhibitor
MINI	Mini-International Psychiatric Interview
N/A	not applicable
NED	Netherlands
NHMRC	National Health and Medical Research Council
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NIU	Northern Illinois University
NOR	Norway

NR	not reported
SCID	Structured Clinical Interview for DSM Disorders
SNRI	serotonin and noradrenaline reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
SWE	Sweden
SWZ	Switzerland
TUR	Turkey
UNSW	University of New South Wales
USA	United States of America

PHARMACOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.6 of the guideline.

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Monoamine oxidase inhibitors (MAOIs)													
Brofaromine (sensitivity analysis)													
FAHLEN 1995	SWE	SCID (DSM-III-R)	38	42%	NR	0%	40	40	Pill placebo	N/A	7	12	Ciba.
							37	36	Brofaromine	150	7	12	
LOTT1997	USA	Clinical interview (DSM-III-R)	37	39%	86%	0%	54	52	Pill placebo	N/A	7	12	Ciba-Geigy.
							52	50	Brofaromine	107.2	7	12	
VAN-VLIET 1992	NED	Clinical interview (DSM-III-R)	33	70%	NR	0%	15	14	Pill placebo	N/A	7	12	None acknowledged.
							15	15	Brofaromine	150	7	12	
Moclobemide													
NOYES1997	USA	Clinical interview (DSM-III-R)	38	42%	NR	0%	NR	83	Pill placebo	N/A	7	12	Hoffmann-La Roche
							NR	86	Moclobemide	600	7	12	
Tranylcypromine													
NARDI2010	BRA	SCID (DSM-IV)	36	58%	NR	0%	17	17	Tranylcyp-romide	60	7	12	Brazilian Council for Scientific and Technological Development (grant 554411/ 2005-9).
							19	19	Tranylcyp-romide	30	7	12	
							15	12	Alprazolam	1.05	28	12	
							15	13	Phenelzine	13.75	28	12	
							20	17	CBT (Heimberg), group	2	1	12	

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Serotonin and noradrenaline reuptake inhibitors (SNRIs)													
Duloxetine													
SIMON2010	USA	SCID (DSM-IV)	36	36%	77%	0%	13	13	Duloxetine (60 mg)	60	7	18	Eli Lilly.
							15	15	Duloxetine (120 mg)	120	7	18	
Antipsychotics													
Olanzapine													
BARNETT2002	USA	Clinical interview (DSM-IV)	NR	NR	NR	0%	5	5	Pill placebo	N/A	7	8	Eli Lilly.
							7	7	Olanzapine	9	7	8	
Quetiapine													
VAISHNAVI 2007	USA	MINI (DSM-IV)	33	53%	67%	0%	5	5	Pill placebo	N/A	7	8	GlaxoSmith-Kline; AstraZeneca.
							10	10	Quetiapine	147	7	8	

PSYCHOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.7 of the guideline.

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Cognitive bias modification													
AMIR2009	USA	SCID (DSM-IV)	29	59%	NR	NR	26	22	Computer-ised attention control	0.3	2	4	National Institutes of Health (NIH).
							22	22	Cognitive bias modification	0.3	2	4	
AMIR2012	USA	SCID (DSM-IV)	31	71%	47%	27%	26	26	Computer-ised attention control	0.3	2	6	NIH (R34MH0-7300401, R34MH-07712901, R01MH087623, K99MH090243-01).
							23	23	Cognitive bias modification	0.3333333	2	6	
BEARD2011	USA	SCID (DSM-IV)	37	75%	75%	19%	12	12	Computer-ised attention control	0.5	2	4	NIMH.
							20	19	Cognitive bias modification	0.5	2	4	
BOETTCHER 2011	GER; SWZ	SCID (DSM-IV)	38	65%	NR	6%	35	35	Computer-ised attention control	N/A	2	4	None acknowledged.
							33	33	Cognitive bias modification	0	2	4	

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
CARLBRING 2012	SWE	SCID (DSM-IV)	37	68%	NR	22%	39	39	Computer-ised attention control	N/A	2	4	Swedish Council for Working and Life Research (FAS 2009-0222). Dr Amir has founded a company that market online anxiety relief products.
							40	40	Cognitive bias modification	0	2	4	
HEEREN 2012	BEL	MINI (DSM-IV)	22	60%	100%	100 %	20	20	Cognitive bias modification	NR	0.57	1	Belgian National Fund for Scientific Research.
							20	19	Computer-ised attention control	NR	0.57	1	
							20	18	Not analysed	NR	0.57	1	
SCHMIDT2009	USA	SCID (DSM-IV-R)	23	44%	67%	NR	20	18	Computer-ised attention control	0.3	2	4	None acknowledged.
							19	18	Cognitive bias modification	0.3	2	4	

Individual CBT													
RENNER2008	USA	SCID (DSM-IV)	19	50%	83%	NR	15	14	Applied relaxation	0.77	1	NR	NIU Foundation (venture grant).
							15	14	CBT, individual	2	1	0	
Group CBT for paroxetine non-remitters													
HEIMBERG 2012	USA	NR	33	40%	45%	NR	29	29	Paroxetine	NR	NR	16	NIMH (R01MH064481; R01MH064726).
							32	32	CBT (Heimberg), group	0	0	16	
									Paroxetine	NR	NR	16	
Interpersonal psychotherapy													
BORGE2008	NOR	Clinical interview (DSM-IV)	38	51%	NR	0%	45	38	Interpersonal psycho-therapy	1.37	5	10	None acknowledged.
							42	35	CBT, group	1.37	5	10	
							207	207	Psycho-dynamic psycho-therapy	1	1	26	
							209	209	CT (Clark and Wells), individual shortened	1	1	26	
Exposure with cognitive enhancers													
Exposure with D-cycloserine													
GUASTELLA 2008	AUS	ADIS (DSM-III-R)	35	43%	77%	21%	28	28	Exposure in vivo	1.4	1	5	National Health and Medical Research Council (NHMRC) (#350963).
									Pill placebo	N/A	1	5	
							28	28	Exposure in vivo	1.4	1	5	
									D-cycloserine	50	1	5	

HOFMANN 2006	USA	Clinical interview (DSM-IV)	34	33%	59%	41%	17	15	Exposure (in vivo)	1.4	1	5	None acknowledged.
									Pill placebo	N/A	1	5	
							15	12	Exposure (in vivo)	1.4	1	5	
									D-cycloserine	50	1	5	
HOFMANN 2012	USA	SCID (DSM-IV)	33	43%	72%	0%	82	82	CBT (Heimberg), group	2.5	1	12	NIMH (R01MH078308, R01MH075889).
									Pill placebo	N/A	1	5	
							87	87	CBT (Heimberg), group	2.5	1	12	
									D-cycloserine	50	1	5	
Exposure with oxytocin													
GUASTELLA 2009	AUS	ADIS (DSM-IV)	42	0%	83%	16%	13	0	Exposure in vivo	1.4	1	5	UNSW Gold Star Scheme and NHMRC Grant 35093.
									Pill placebo	N/A	1	5	
							12	0	Exposure in vivo	1.4	1	5	
									Oxytocin	Unclear	1	5	

COMBINED PSYCHOLOGICAL AND PHARMACOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.8 of the guideline.

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Preference-based therapy													
CRASKE2011	USA	Clinical interview (DSM-IV)	41	66%	61%	NR	0	58	Treatment as usual	Unclear	Unclear	26	NIMH (U01 MH058915, U01 MH057835, K24 MH64122, UO1 MH057858, U01 MH070018, U01 MH070022, K24 MH065324).
							0	74	Preference-based (CBT, medication)	Unclear	Unclear	26	

SPECIFIC SUBGROUPS

See Chapter 6, Section 6.9 of the guideline.

Interventions for fear of public speaking

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Exposure in vivo versus waitlist for social anxiety disorder and fear of public speaking													
NEWMAN1994	USA	SCID (DSM-III-R)	47	50%	NR	0%	18	17	Waitlist	N/A	N/A	8	None acknowledged.
							18	16	Exposure in vivo	2	1	8	
Exposure in vivo versus self-help for social anxiety disorder and fear of public speaking													
TILLFORS2008	SWE	SCID (DSM-IV)	31	81%	NR	NR	19	18	Self-help (internet) with support	0.58	1	9	Swedish Council for Working Life and Social Research.
							19	18	Exposure in vivo	0	1	5	
									Self-help (internet) no support	0.58	1	9	
CBT versus waitlist for social anxiety disorder and fear of public speaking													
BOTELLA2010	ESP	ADIS (DSM-IV)	24	79%	NR	NR	29	29	Waitlist	N/A	N/A	9	Ministerio de Educacion y Ciiencia, Spain. Programa de Acciones Integradas con Sudafrica.
							36	36	CBT, group	NR	NR	9	
Self-help versus waitlist for social anxiety disorder and fear of public speaking													
	ESP	ADIS (DSM-IV)	24	79%	NR	NR	29	29	Waitlist	N/A	N/A	9	Ministerio de Educacion y
							62	62	Self-help	0.88	1.5	9	

									(internet) no support				Ciiencia, Spain. Programa de Acciones Integradas con Sudafrica.

Interventions for fear of blushing, trembling or sweating

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funding
Exposure in vivo versus attention training for social anxiety disorder and fear of blushing													
MULKENS2001	NED	SCID (DSM-III-R)	NR	23%	NR	0%	14	12	Exposure in vivo	1	1	6	None acknowledged.
							17	14	Attention training / task concentra-tion	1	1	6	
Task concentration training versus applied relaxation for social anxiety disorder and fear of blushing, trembling or sweating													
BOGELS2006	NED	SCID (DSM-IV)	32	51%	NR	NR	33	33	CBT, group + task concen-tration	1	1	8	None acknowledged.
							32	32	CBT, group + applied relaxation	1	1	8	
Social skills training versus group CBT for social anxiety disorder and fear of blushing, trembling or sweating													
BOGELS2008	NED	SCID (DSM-III-R)	35	44%	NR	NR	28	28	Social skills training	2	1	12	None acknowledged.
							27	27	CBT, group	2	1	12	

Physical interventions

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funding
Botulinum toxin with paroxetine versus placebo													
CONNOR2004	USA	Clinical Interview (DSM-IV)	33	53%	55%	0%	20	20	Paroxetine	20	7	8	Allergan Inc. Irvine, California
									Pill placebo	1	1	NR	
							20	20	Paroxetine	20	7	8	
									Botulinum toxin	1	1	NR	

Residential interventions

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funding
Group CBT versus interpersonal psychotherapy for inpatients													
BORGE2008	NOR	Clinical interview (DSM-IV)	38	51%	NR	0 %	45	38	Interpersonal psycho-therapy	1.4	5	10	None acknowledged.
							42	35	CBT, group	1.4	5	10	

Interventions for social anxiety disorder and comorbid alcohol misuse

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Antidepressants													
Paroxetine													
BOOK2008	USA	SCID (DSM-IV)	29	48%	91%	0%	22	22	Pill placebo	N/A	7	16	National Institute on Alcohol Abuse and Alcoholism (R01 AA013379, K24 AA013314, P50 AA010761, K23 AA014430).
							20	20	Paroxetine (40 mg)	45	7	16	
RANDALL2001a	USA	SCID (DSM-IV)	36	13%	100%	0%	9	9	Pill placebo	N/A	7	8	SmithKline Beecham.
							6	6	Paroxetine (40 mg)	46.7	7	8	
CBT													
HAYES2006	USA	SCID (DSM-IV)	20	73%	96%	NR	10	10	CBT, group	1	1	6	None acknowledged.
							13	13	CBT, group + alcohol misuse programme	1	1	6	

Interventions for social anxiety disorder and attention deficit hyperactivity disorder

Study	Country	Interview	Age	% Female	% White	% Med	N Rand	N Post	Group	Dose	Freq	Dur	Funder
Atomoxetine for social anxiety disorder and attention deficit hyperactivity disorder													
ADLER2009	USA	SCID (DSM-IV-R)	38	46%	74%	NR	218	166	Pill placebo	N/A	N/A	14	None acknowledged.
							224	176	Atomoxetine	41.5	14	14	