APPENDIX 21: COMPLETED METHODOLOGY CHECKLISTS – ECONOMIC EVALUATIONS

François et al., 2008 2
Gould et al., 1997. 4
Hedman et al., 2011a. 6
Titov et al., 2009b. 8
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Abbreviations

CBT	cognitive behavioural therapy
CCBT	computerised cognitive behavioural therapy
EQ-5D	European Quality of Life - 5 Dimensions
GDG	Guideline Development Group
HRQoL	health-related quality of life
ICER	incremental cost-effectiveness ratio
LSAS	Liebowitz Social Anxiety Scale
NA	not applicable
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PSS	personal social services
QALY	quality adjusted life year
RCT	randomised controlled trial
SF-6D	Short Form Questionnaire Six Dimensional Health State Classification
UK	United Kingdom
USA	United States of America

Bibliographic reference: François C, Montgomery SA, Despiegel N, Aballéa S, Roïz J, Auquier P. Analysis of health-related quality of life and costs based on a randomised clinical trial of escitalopram for relapse prevention in patients with generalised social anxiety disorder. International Journal of Clinical Practice. 2008;62:1693-702.			
Guideline topic: Pharmacological interventions for adults with social anxiety – escitalopram versus placebo for prevention of relapses			
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?	Yes	Adults with social anxiety
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	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	Productivity losses reported separately
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%?	NA	Time horizon 24 weeks
1.7	Is the value of health effects expressed in terms of quality adjusted life years (QALYs)?	No	SF-6D utility scores reported
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	
1.10	Overall judgement: **Directly applicable**		
Other comments: Utility values based on SF-6D, but QALYs not calculated; nevertheless, intervention was shown to be dominant.			

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 based on RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	24 weeks
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?	Partly	Costs for relapsed participants not reported
2.7	Are the estimates of resource use from the best available source?	Yes	
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?	No	Not necessary; intervention dominant
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Statistical analysis conducted
2.11	Is there no potential conflict of interest?	No	Funded by industry
2.12	Overall assessment: **Minor limitations**		
Other comments:			

Bibliographic reference: Gould R, Buckminster S, Pollack M, Otto M, Yap L. Cognitive-behavioral and pharmacological treatment for social phobia: a meta-analysis. Clinical Psychology Science and Practice. 1997;4:291-306.			
Guideline topic: Psychological interventions for adults with social anxiety – group CBT versus pharmacological treatment versus combination therapy			
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?	Yes	Adults with social anxiety
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?	No	USA
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
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	Time horizon 2 years – not necessary
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	Narrative synthesis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	2 years
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	Systematic review and meta-analysis
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Systematic review and meta-analysis
2.6	Are all important and relevant costs included?	No	Intervention costs considered only
2.7	Are the estimates of resource use from the best available source?	Partly	Published studies and estimates
2.8	Are the unit costs of resources from the best available source?	Unclear	Not stated – authors' estimates
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	No	
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	Probably, yes
2.12	Overall assessment: **Potentially serious limitations**		
Other comments: estimates of relative treatment were based on different baseline treatment for each intervention – waiting list or minimal treatment for CBT and placebo for pharmacological treatment; not possible to estimate incremental effect.			

Bibliographic reference: Hedman E, Andersson E, Ljotsson B, Andersson G, Ruck C, Lindefors N. Cost-effectiveness of internet-based cognitive behavior therapy vs. cognitive behavioral group therapy for social anxiety disorder: results from a randomized controlled trial. Behaviour Research and Therapy. 2011a;49:729-36.			
Guideline topic: Psychological interventions for adults with social anxiety – supported self-help versus group CBT			
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?	Yes	People with social anxiety
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	Swedish study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Societal perspective but medical costs reported separately
1.5	Are all direct health effects on individuals included?	Yes	LSAS and EQ-5D
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 months
1.7	Is the value of health effects expressed in terms of quality adjusted life years (QALYs)?	No	EQ-5D utility scores reported
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	
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 alongside RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	6 months
2.3	Are all important and relevant health outcomes included?	Yes	LSAS and EQ-5D
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	CBT used as standard care
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?	Partly	Costs of computers not included
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
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: costs were reported between start and end of treatment as well as between end of treatment and end of follow-up; both periods included intervention costs (that is, cost-savings of CCBT were overestimated); QALYs not estimated (only utility scores at end of treatment and end of follow-up reported); however, probability of cost effectiveness is reported as willingness to pay per cost/QALY.			

Bibliographic reference: Titov N, Andrews G, Johnston L, Schwencke G, Choi I. Shyness programme: longer term benefits, cost-effectiveness, and acceptability (Provisional abstract). Australian and New Zealand Journal of Psychiatry. 2009b;43:36-44.			
Guideline topic: Psychological interventions for adults with social anxiety – supported self-help versus group CBT			
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?	Yes	Adults with social phobia
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	Australia
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Non-UK setting
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%?	NA	6 months only
1.7	Is the value of health effects expressed in terms of quality adjusted life years (QALYs)?	No	Years lived with disability averted
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Unclear	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Unclear	
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	Basic calculations using RCT effect size
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	6 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?	No	RCTs and non-comparative study – not combined
2.5	Are the estimates of relative treatment effects from the best available source?	No	RCT and non-comparative study – not combined
2.6	Are all important and relevant costs included?	Partly	Only therapist time was considered; cost of computers and other medical costs not included
2.7	Are the estimates of resource use from the best available source?	No	Assumptions and published literature
2.8	Are the unit costs of resources from the best available source?	Unclear	Probably authors' assumption
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Unclear	ICER of CBT: not clear whether it is average or incremental versus CCBT
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?	No	
2.12	Overall assessment: **potentially serious limitations**		
Other comments: effect sizes taken from different studies (and different study designs) – no direct or indirect comparisons between interventions.			

Bibliographic reference: Guideline economic analysis			
Guideline topic: Pharmacological and psychological interventions for adults with social anxiety			
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?	Yes	Adults with social anxiety
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	Yes
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%?	Yes	
1.7	Is the value of health effects expressed in terms of quality adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	EQ-5D scores
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	EQ-5D UK tariff
1.10	Overall judgement: **Directly 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	1 and 5 years
2.3	Are all important and relevant health outcomes included?	Partly	Side effects of drugs not considered
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	Waitlist populations
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCTs combined in network meta-analysis
2.6	Are all important and relevant costs included?	Partly	Costs of managing side effects not considered
2.7	Are the estimates of resource use from the best available source?	Partly	RCTs, published data and GDG expert opinion
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	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic and probabilistic sensitivity analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: **Minor limitations**		
Other comments:			