APPENDIX 21: COMPLETED METHODOLOGY CHECKLISTS: ECONOMIC EVALUATIONS

Study identification: Francois et al. (2008). 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 62: 1693-1702.			
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 case6) 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:			

Study identification: Gould R, Buckminster S, Pollack M, Otto M, Yap L (1997) Cognitive-Behavioral and Pharmacological Treatment for Social Phobia: A Meta-Analysis. Clinical Psychology Science and Practice, 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 case6) 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 & meta-analysis
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Systematic review & 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 & estimates
2.8	Are the unit costs of resources from the best available source?	Unlcear	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			

Study identification: Hedman E, Andersson E, Ljótsson B, Andersson G, Rück C, Lindefors N (2011) 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, 49, 729-736			
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 case6) 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 & 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 & 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 (i.e. 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 WTP per cost/QALY			

Study identification: Titov N, Andrews G, Johnston L, Schwencke G, Choi I (2009) Shyness programme: longer term benefits, cost-effectiveness, and acceptability. Australian and New Zealand Journal of Psychiatry,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 case6) 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 (YLD) 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 & non-comparative study – not combined
2.5	Are the estimates of relative treatment effects from the best available source?	No	RCT & 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 vs. 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			

Study identification: Guideline economic analysis			
Guideline topic: Pharmacological and psychological nterventions for adults with social anxiety			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case6) 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)?	Nes	
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	Wait list populations
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCTs combined in NWMA
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 & 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 & probabilistic sensitivity analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	Overall assessment: **Minor limitations**		
Other comments:			