APPENDIX 22: HEALTH ECONOMICS EVIDENCE TABLES FOR SOCIAL ANXIETY

Pharmacological interventions

Reference to included study:
François C, Montgomery SA, Despiegel N, Aballéa S, Roïz J, Auquier P (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, 1693-702.

Study ID **Country** **Study type**	**Intervention details**	**Study population** **Study design** **Data sources**	**Costs: description and values** **Outcomes: description and values**	**Results: Cost-effectiveness**	**Comments**
Francois *et al.*, 2008 UK Cost-effectiveness analysis	Intervention: Escitalopram 10-20mg/day Control: Placebo	Population: People with generalised social anxiety disorder who had responded to previous treatment with escitalopram Study design: RCT (N=371) [MONTGOMERY2005] Source of effectiveness data: RCT (n=351) Source of resource use data: RCT (n=201) Source of unit cost data: national reference costs	Costs: Physician consultations, other healthcare professional visits, hospitalisation, drug acquisition costs; productivity costs reported separately Cost results (NHS perspective – including only participants NOT relapsing): Escitalopram 1. 0-12 weeks: £110.53 2. 12-24 weeks : £124.32 Placebo: 1. 0-12 weeks: £180.20 (p=0.3877) 2. 12-24 weeks : £201.74 (p=0.4431) Primary Outcome: HRQoL (SF-6D score) Effectiveness result: 1. 12 weeks: figures not reported (p=0.1942) 2. 24 weeks : Escitalopram: 0.715; Placebo: 0.698 (p=0.009)	Escitalopram dominant (similar costs, better outcome at endpoint of analysis)	Perspective: NHS (and societal) Currency: UK£ Cost year: 2006 Time horizon: 24 weeks Discounting: NA Costs reported only for non-relapsed participants Applicability: directly applicable Quality: minor limitations

Psychological interventions – cognitive behavioural therapy

Reference to included study
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

Study **Country** **Study type**	**Intervention details**	**Study population** **Study design** **Data sources**	**Costs: description and values** **Outcomes: description and values**	**Results: Cost-effectiveness**	**Comments**
Gould *et al.*, 1997 USA Cost-effectiveness analysis	Group CBT (gCBT) Pharmacological treatment, comprising phenelzine or fluvoxamine or clonazepam Combined CBT and pharmacological treatment (combo)	Population: People with social phobia Study design: Narrative synthesis Source of clinical effectiveness data: Systematic review and meta-analysis Source of resource use data: Published studies and further estimates Source of unit costs: Authors' estimates	Costs Intervention costs (CBT sessions including booster sessions, drug acquisition costs and prescription charges, doctor consultations) Total cost per person over 2 years gCBT: $760 Pharmacological treatment: ranging from $1744 to $5496 Combo: ranging from $2504 to $6256 Primary outcome measure Effect size for symptoms of social anxiety or avoidance (vs. mainly waiting list, minimal intervention or placebo) Mean effect size gCBT: 0.74 Pharmacological treatment: 0.62 Combo: 0.49	gCBT dominant	Perspective: 3rd party payer Cost year: Not specified, possibly 1996 Currency: US$ Time horizon: 2 years Discounting: not necessary Applicability: partially applicable Quality: potentially serious limitations

Psychological interventions – self-help (internet) with support

References to included studies

1. 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
2. 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

Study Country Study type	**Intervention details**	**Study population Study design Data sources**	**Costs: description and values Outcomes: description and values**	**Results: Cost-effectiveness**	**Comments**
Hedman *et*	Intervention	People with social	Costs considered: intervention (therapist's time),	SH dominant (slightly	Perspective: societal

al., 2011 Sweden Cost-effectiveness analysis	Computer-based supported self-help (SH) <u>Comparator</u> Group cognitive behavioural therapy (gCBT)	anxiety disorder according to DSM-IV, aged 18-64 years Study design: RCT (HEDMAN2011) Clinical effectiveness data source: RCT (N=126) Resource use data source: RCT (N=126) Source of unit costs: national sources and published literature	GP visits, consultation with doctors, counsellors, psychotherapists, medical specialists, physiotherapists, health-related services (e.g. alternative and home care, self-help groups), productivity losses including informal care <u>Costs per person:</u> Post-treatment (15 weeks): mean medical costs: SH $1343; gCBT: $3502 mean total costs: SH $6598; gCBT: $8647 Follow-up (15 weeks to 6 months): mean medical costs: SH $1067; gCBT: $841 mean total costs: SH $5163; gCBT: $4964 <u>Primary outcomes</u> Liebowitz Social Anxiety Scale (LSAS) % of responders defined using the Jacobson & Truax criteria EQ-5D UK tariff score <u>Outcomes</u> <u>Post-treatment (15 weeks):</u> LSAS: SH 39.4 (sd 19.9); gCBT: 48.5 (sd 25.0) Responders: SH 55%; gCBT: 34% EQ-5D: SH 0.82 (sd 0.14); gCBT: 0.80 (sd 0.17) <u>Follow-up (6 months):</u> LSAS: SH 32.1 (sd 23.1); gCBT: 40.7 (sd 23.7) Responders: SH 64%; gCBT: 45% EQ-5D: SH 0.85 (sd 0.14); gCBT: 0.81 (sd 0.17)	better outcome at a lower cost) Reported PSA findings: SH has 81% probability of being cost-effective at zero willingness to pay (WTP) per extra responder SH has 89% probability of being cost-effective at WTP of $3000/extra responder SH has 79% probability of being cost-effective at WTP of $40,000/change in utility score (EQ-5D) at 6 months	(medical costs reported separately) Cost year: 2009 Currency: US$ Time horizon: 6 months Discounting: not needed Applicability: partially applicable Quality: potentially serious limitations

Study Country Study type	**Intervention details**	**Study population Study design Data sources**	**Costs: description and values Outcomes: description and values**	**Results: Cost-effectiveness**	**Comments**
Titov *et al.*, 2009	<u>Intervention</u> Computer-	Adults with social phobia diagnosed using DSM-IV	<u>Costs included: therapist's time</u>	<u>Cost per YLD averted</u> SH vs. waiting list: $AUS1495	Perspective: health service

Australia Cost effectiveness analysis	based supported self-help (SH) - the Shyness programme Comparators Face-to-face group CBT (gCBT)	Study design: basic modelling Source of clinical effectiveness data: 2 RCTs [TITOV2008a and TITOV2008b] and one non-comparative study Source of resource use data: authors' assumptions and non-comparative study Source of unit costs: Not stated	Total cost per person: SH: AUS$300 gCBT: AUS$800 Primary outcome measure Number of years lived with disability (YLD) averted Number of YLD averted: SH vs. waiting list: 0.2007 gCBT vs. do nothing: 0.1407	gCBT vs. do nothing: $AUS5686	Cost year: 2008 Currency: AUS$ Time horizon: 6 months Discounting: not needed Applicability: partially applicable Quality: potentially serious limitations