WEB-BASED THERAPIST-GUIDED SELF-HELP IN GENERALIZED ANXIETY DISORDER: COST-EFFECTIVENESS ANALYSIS ALONGSIDE A RANDOMISED TRIAL

Björn Paxling, ISRII 2007

OVERVIEW

- Why this was done
- How was it done
- Results, is it cost effective?
- Conclusions

Why was this done?

- GAD has staggering economic ramifications (Smit et al., 2006)
- GAD is expensive to treat (Marciniak et al., 2005)
- We know internetdelivered therapy means lesser therapist time with maintained results, but:
- From a societal perspective, is it cheaper than treatment as usual?
- Not much research done on cost-effectiveness on internetdelivered therapy (Kaltenthaler et al., 2006)

Methodology

- A societal perspective was chosen
- Economic information obtained with translated version of TIC-P
- Costs of different items obtained from numeral sources (integral cost prices)
- Treatment and controlgroup filled in questionnaires online before and after treatment

What does TIC-P measure?

- Health care consumtion (doctors visits, therapy sessions, massages etc)
- Medication
- Absenteism/workloss
- Work cutback
- Domestic cutback

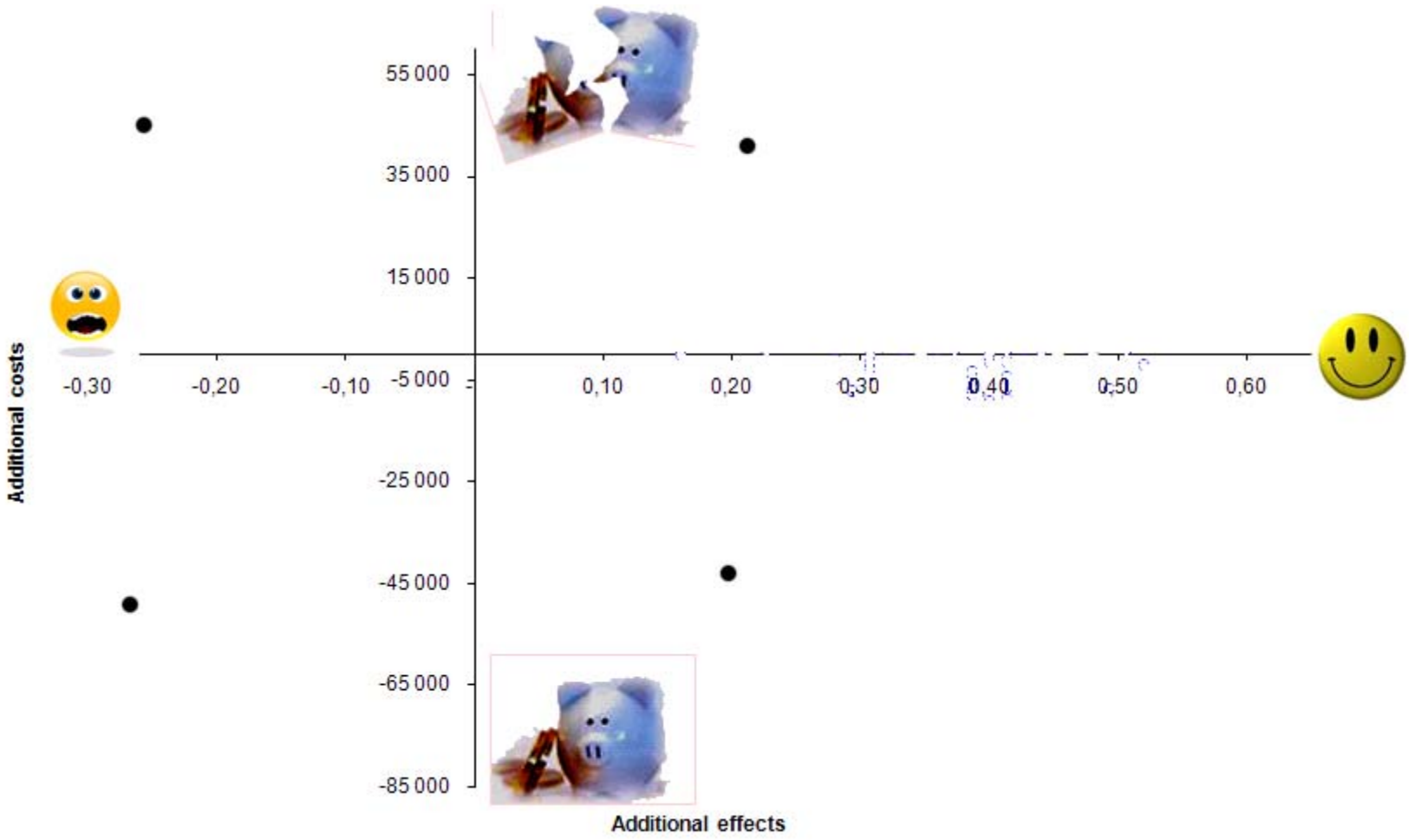
Analysis of costs

- Performed according to the intention to treat principle, last observation carried forward
- Figures extrapolated to 12 months (ISRII too soon)
- Data is non-normally distributed, so a bootstrap-replication was performed

Analysis of cost-effectiveness

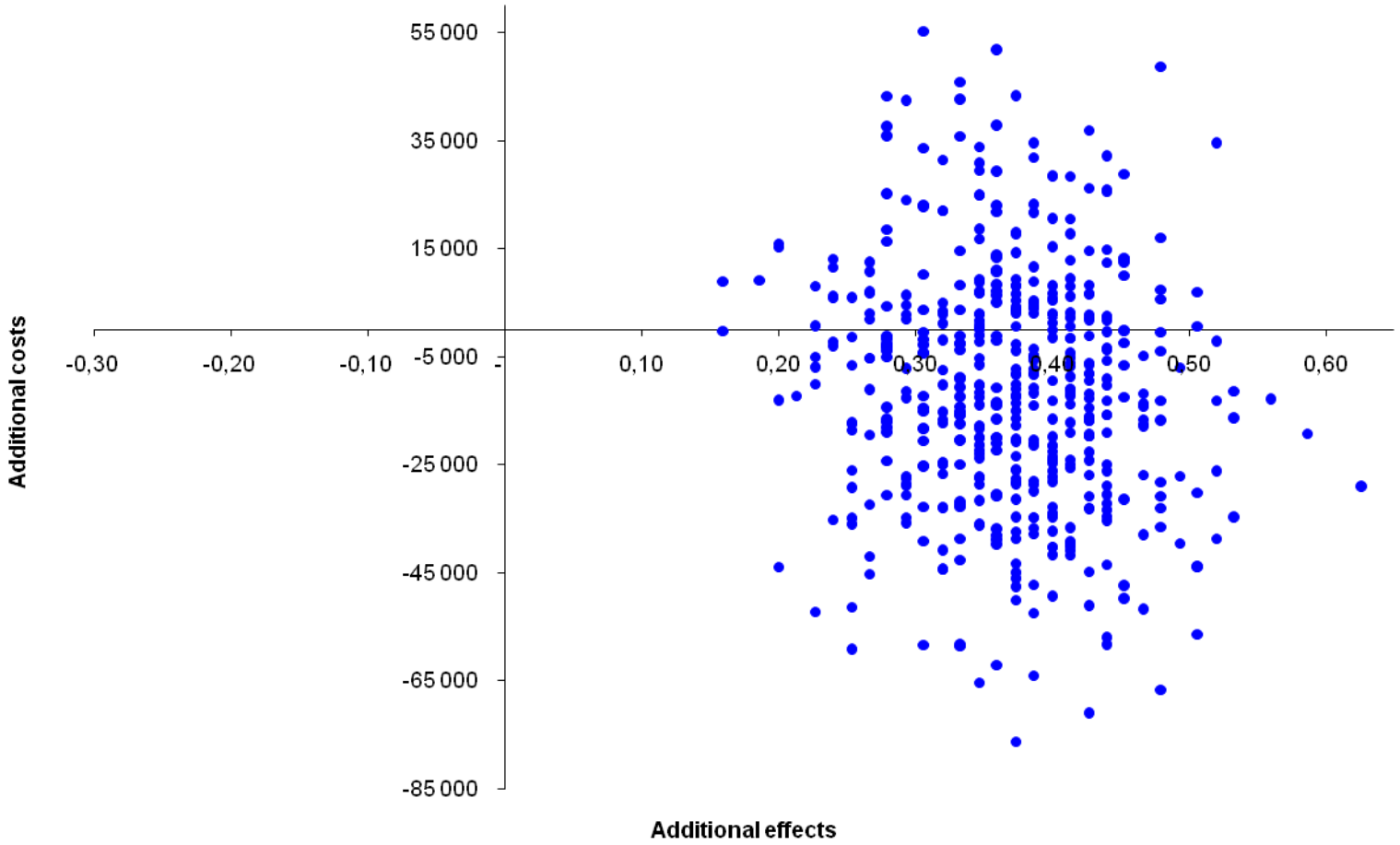
- The difference in costing was compared with clinical outcomes for both treatment arms
- Clinical outcome refers to GAD diagnostic status at post-test measured by clinical interview (SCID)
- Will be shown in cost-effectiveness plane and cost-effectiveness acceptability curve
- Another cost-effectiveness plane shown comparing differences in costs with changes in quality of life (EQ-5D)

Cost-effectiveness plane



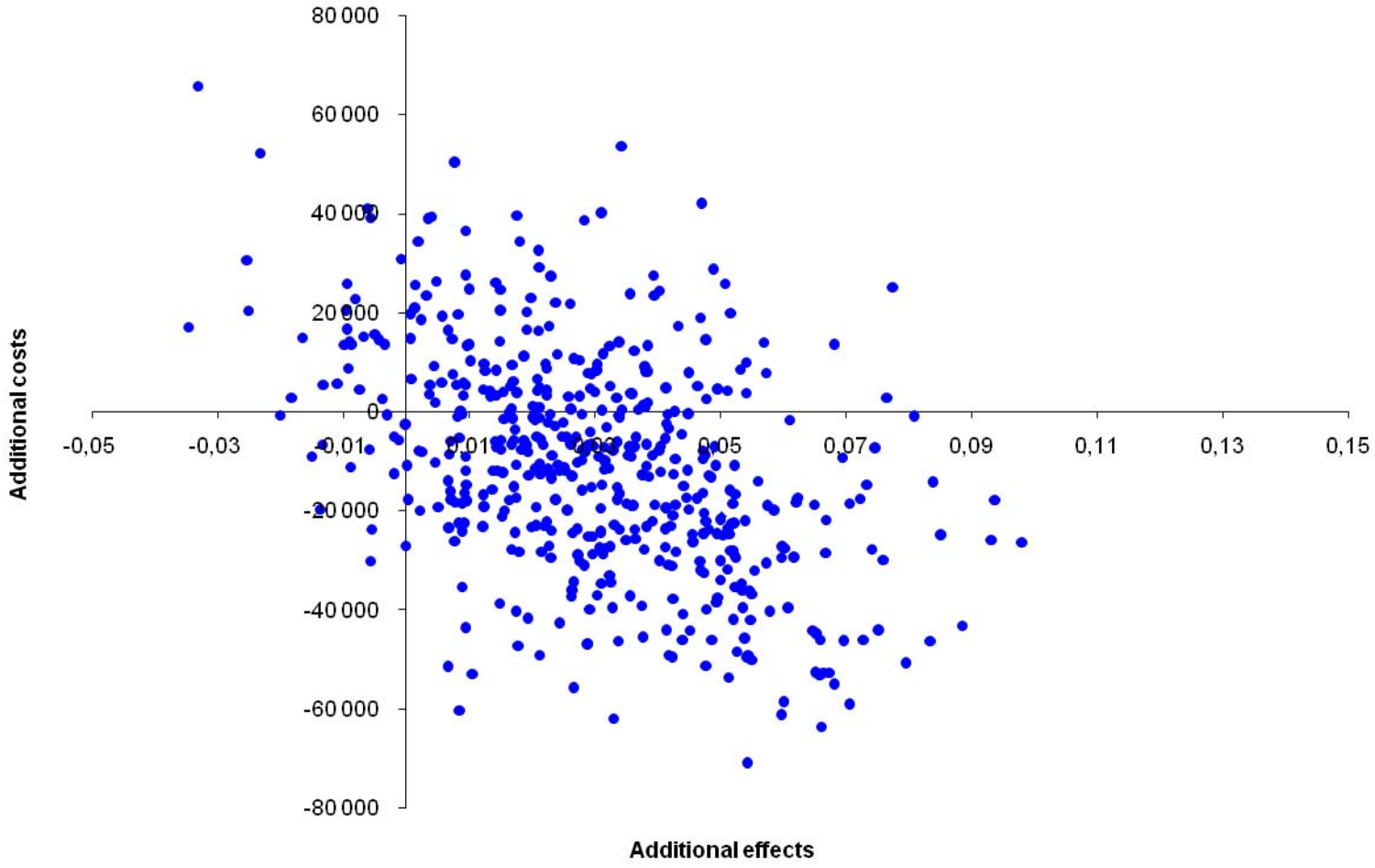
Cost-effectiveness plane

Costs compared with diagnostic status

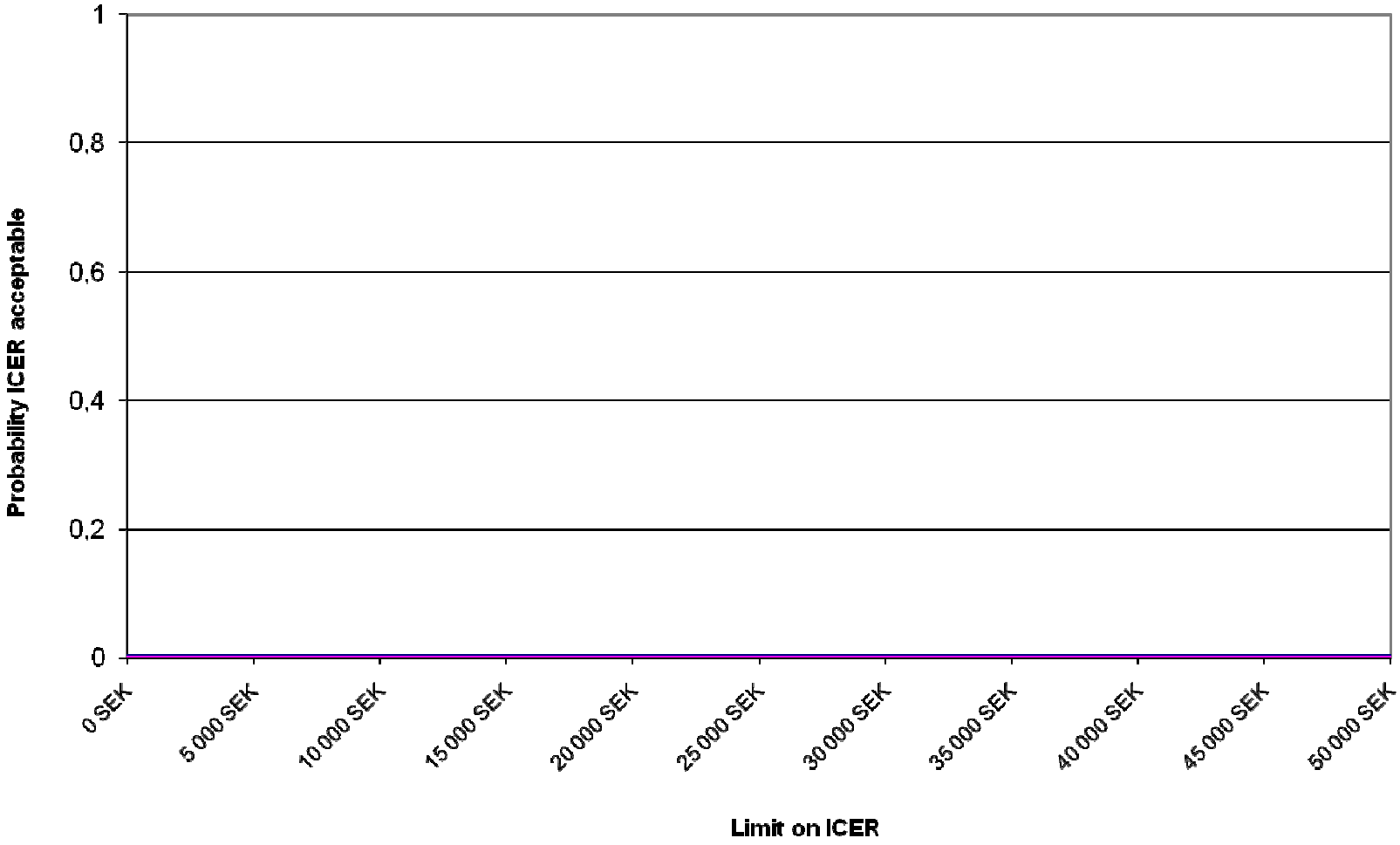


Cost-effectiveness plane

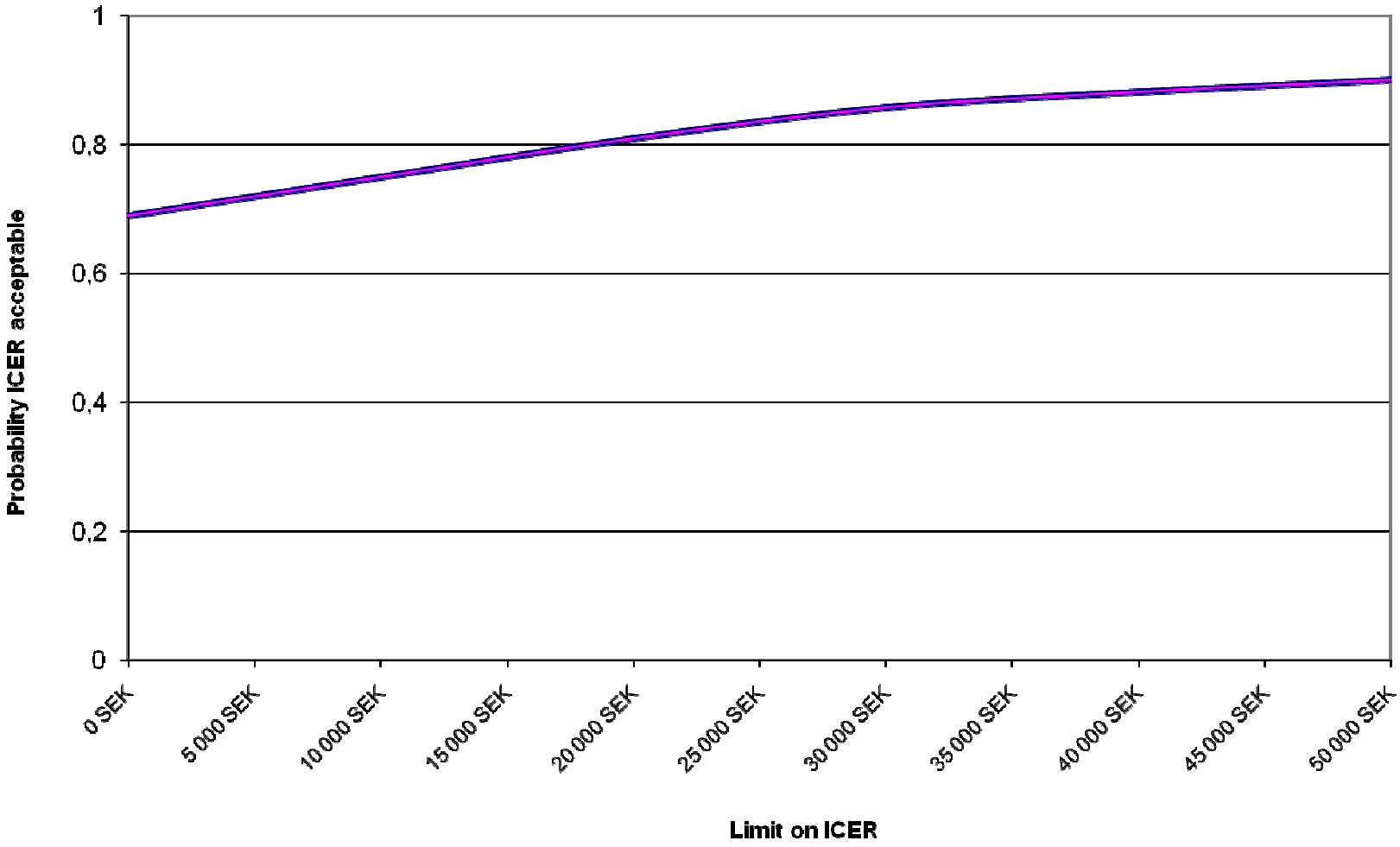
Costs compared with quality of life (EQ-5D)



Cost-effectiveness acceptability curve



Cost-effectiveness acceptability curve



Sensitivity analysis

- Prove robustness of results
- Bootstrapping redone with top and bottom 5% costers excluded
- Imputation was redone several times, no significant changes in outcome

Limitations

- The control group should remain untreated for a longer time
- Questionnaire not validated in Swedish population
- Interventionmakers also therapists

Conclusions

- Internetdelivered CBT seems to be cost-effective for a population with GAD compared to treatment as usual
- The main reason some treated individuals cost more is the intervention costs
- Personal reflection: policy makers love this!

Who’s in on this?

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