BEST in Mental Health

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Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* MH *clinical question-answering service*

Question

"In adults with mild to moderate anxiety, how effective is computerized cognitive behavioural therapy (CCBT) compared with traditional, individual cognitive behavioural therapy (CBT), in improving patient outcomes?"

Clarification of question using PICO structure

Patients:	Adults with mild to moderate anxiety
Intervention:	Computerized CBT (CCBT)
Comparator:	Traditional, individual CBT
Outcome:	Improving patient outcomes

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Clinical and research implications

Evidence from three small RCTs consistently indicates that both internet-based and face-to-face interventions may be effective in improving symptoms of anxiety and depression in people with panic disorder or social phobia (specifically, a fear of public speaking). There is no evidence of any difference in effectiveness between the two modes of treatment delivery.

The limited and poor quality evidence available means that further research is needed to confirm these findings.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified three randomised controlled trials (RCTs) that reported data relevant to this evidence summary.[2,3,4] We also identified one systematic review,[1] however, this review included only one study that met the inclusion criteria for this evidence summary and that study was already included as an individual RCT.[3] All three RCTs compared a computerised CBT-based intervention to a similar intervention delivered face-to-face and one RCT also included a waiting list control group.[2] Two RCTs were conducted in people with a primary diagnosis of panic disorder (PD),[3,4] and one was conducted in people with social phobia (specifically, a fear of public speaking).[2] Two RCTs assessed outcome measures pre-treatment, post-treatment and at 12 months follow-up,[2,3] and the third study included no long-term follow-up (pre- and post-treatment assessment only).[4] No studies conducted in patients with generalised anxiety disorder (GAD) were identified.

Main Findings

All three RCTs included in this assessment found that both internet-based and face-to-face interventions significantly improved a range of symptoms, including various measures of panic and anxiety, and depression.[2,3,4] Two studies found that these improvements were maintained at 12 months follow-up.[2,3] All three studies found no statistically significant differences in effectiveness between internet-based and face-to-face CBT interventions.[2,3,4]

Authors Conclusions

All three studies concluded that the evidence supports the utility of internet-based interventions.

Reliability of conclusions/Strength of evidence

Three small RCTs, all of which had methodological and reporting weaknesses, consistently found that both internet-based and face-to-face interventions were effective in improving symptoms of anxiety and depression in people with panic disorder or social phobia (specifically, a fear of public speaking). There was no evidence of any difference in effectiveness between the two modes of treatment delivery. The limited and poor quality evidence available means that further research is needed to confirm these findings.

What do guidelines say?

If step one interventions are not successful, NICE guidelines for generalised anxiety disorder (CG13, 2011) make the following recommendations;

"For people with GAD whose symptoms have not improved after education and active monitoring in step 1, offer one or more of the following as a first-line intervention, guided by the person's preference:

- individual non-facilitated self-help
- individual guided self-help"

"Individual non-facilitated self-help for people with GAD should:

- include written or electronic materials of a suitable reading age (or alternative media)
- be based on the treatment principles of cognitive behavioural therapy (CBT)
- include instructions for the person to work systematically through the materials over a period of at least 6 weeks
- usually involve minimal therapist contact, for example an occasional short telephone call of no more than 5 minutes." (pp.14-15)

"Individual guided self-help for people with GAD should:

- include written or electronic materials of a suitable reading age (or alternative media)
- be supported by a trained practitioner, who facilitates the self-help programme and reviews progress and outcome
- usually consist of five to seven weekly or fortnightly face-to-face or telephone
- sessions, each lasting 20–30 minutes." (pp.15)

NICE technology appraisal for computerised cognitive behaviour therapy for depression and anxiety (2013, TA51), makes the following recommendations for CCBT in adults with anxiety disorders;

"A person with panic or phobia is offered the option of FearFighter as an option for the management of the condition as outlined in the current NICE clinical guideline for the stepped-care management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in primary, secondary and community care." (pp.27)

"A person with OCD is not offered CCBT with OCFighter. A person who is currently using OCFighter as routine therapy or as part of a clinical trial should have the option to continue on therapy until the person, or the GP and/or specialist, consider it appropriate to stop." (pp.27-28)

(FearFighter and OCFighter are specific CCBT packages accessed via a referral from a general practitioner).

The evidence included in this summary is generally consistent with current guidance, though it should be noted that we did not identify any studies comparing the "FearFighter" intervention to face-to-face CBT.

Date question received: 05/06/2006
Date searches conducted: 14/08/2014, updated from 19/07/2006
Date answer completed: 29/09/2014

References

Randomised controlled trials

1. Botella, C., Gallego, M.J., Garcia-Palacios, A., Guillen, V., Banos, R.M., Quero, S. and Alcaniz, M. (2010) An Internet-Based Self-Help Treatment for Fear of Public Speaking: A Controlled Trial. *Cyberpsychology, Behaviour, and Social Networking 13* (**4**).
2. Carlbring, P., Nilsson-Ihrfelt, E., Waara, J., Kollenstam, C., Buhrman, M., Kaldo, V., Soderberg, M., Ekselius, L. and Andersson, G. (2005) Treatment of panic disorder: live therapy vs. self-help via the internet. *Behaviour Research and Therapy 43* pp.1321-1333.
3. Kiropoulos, L.A., Klein, B., Austin, D.W., Gilson, K., Pier, C., Mitchell, J. and Ciechomski, L. (2008) Is internet-based CBT for panic disorder and agoraphobia as effective as face-to-face CBT? *Journal of Anxiety Disorders 22* pp. 1273-1284.

Guidelines

National Institute for Health and Clinical Excellence (2013) Computerised cognitive behaviour therapy for depression and anxiety. TA51. National Institute for Health and Clinical Excellence. http://www.nice.org.uk/guidance/ta97/resources/guidance-computerised-cognitive-behaviour-therapy-for-depression-and-anxiety-pdf

National Institute for Health and Clinical Excellence (2011) Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care. CG113. London: National Institute for Health and Clinical Excellence. http://www.nice.org.uk/guidance/cg113/resources/guidance-generalised-anxiety-disorder-and-panic-disorder-with-or-without-agoraphobia-in-adults-pdf

Results

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Botella et al. (2010)	*Participants:* Adults (over 18 years) fulfilling the following criteria; (a) fulfil the DSM-IV-TR1 criteria for social phobia; (b) be afraid of giving a public speech (measured by a behavioural avoidance test); (c) be at least 18 years old; (d) suffer the problem at least 1 year; (e) undergo no other psychological treatment during the study; (f) have social phobia as a primary diagnosis if other disorders were present; (g) not have a primary diagnosis of major depression; and (h) not be diagnosed for substance abuse or dependence, psychosis, or mental retardation. *Intervention:* "Talk to Me", an internet-based , self-administered telepsychology program for the treatment of fear of public speaking that includes most active components in CBT. *Comparator:* The same program delivered by a therapist or waiting-list control. *Outcomes:*	n=127 (n=62 internet-based self-administered treatment program for fear of public speaking, n=36 therapist face to face, n=29 control group).	This study aimed to assess the effectiveness of an internet-based self-administered program, "Talk to Me," for the treatment of social phobia (fear of public speaking). There were no clear baseline differences between the two active treatment groups (self-administered and therapist-administered) in either demographic characteristics or measures of social phobia. Both treatments were CBT programs with the following components: education, cognitive therapy, and exposure. The "Talk to Me" program comprises three stages: an assessment protocol to determine the participant's problem, including impairment, severity, and the degree of fear and avoidance related to public speaking situations; a treatment protocol structured in separate blocks reflecting the participant's progress; a control protocol that assesses the treatment effectiveness at each stage. The therapist-administered treatment delivered the same components as the "Talk to Me" program in 45 to 60 minute session once or twice weekly; the duration of the treatment was dependent upon the individual participant's progress. Social phobia measures were assessed pre-treatment, post-treatment and	No details of the randomisation process or allocation concealment were reported. The nature of the interventions precluded blinding of participants and study personnel. It was not clear whether outcomes were assessed blind to

	Apprehension of being viewed negatively by others (BFNE), social avoidance and distress (SAD), fear of public speaking (FPSQ, SSPS), impairment of everyday tasks (MS), depression (BDI-13).		at 12 months follow-up. At post-treatment follow-up, both active treatments (self-administered and therapist-administered) were significantly more effective that waiting list control in reducing social phobia symptoms. Participants in the therapist-administered treatment group showed significantly greater improvements, on all outcome measures, than those in the waiting list control group. Results were similar for the self-administered treatment group, with the exception of BFNE and SSPS-P, where there were no significant differences between self-administered treatment and waiting list control. There were no significant differences in effectiveness between the two treatment groups, with the exception of SSPS-P, where there were significantly greater improvements in the therapist-administered treatment group. The effectiveness of both treatments was generally maintained at 12 months follow-up. Dropout rates were high (32 (52%) participants from the internet-based treatment group, 14 (39%) from the therapist-applied treatment group, and 4 (14%) from the waiting list control group).	treatment allocation. It appears that 'last observation carried forward' analysis, for missing data, were only carried out for one outcome measure (avoidance). Between group comparison data were only reported for the post-treatment time period and for comparisons where a statistically significant

				difference was observed.
Carlbring et al. (2005)	*Participants:* Adults aged 18-60 years, recruited from a waiting list of people who had expressed an interest in taking park in an internet-administrated self-help program for panic disorder (PD); fulfil the DSM-IV (American Psychiatric Association, 1994) criteria for PD; PD as the primary diagnosis; PD duration of at least 1 year; not suffering from any other psychiatric disorder in immediate need of treatment; have a depression point total on the MADRS-SR of <21 and <4 on the suicide question; if prescribed medication for PD, dose constant for at least 3 months and agreement to maintain constant dose during study; if in therapy, this must have been ongoing for >6 months and not be of CBT type; no major medical problems (epilepsy, kidney disease, stroke, organic brain syndrome, emphysema, or heart disorders). *Intervention:* Ten individual weekly session of CBT for panic disorder (with or without agoraphobia), lasting 45-60 minutes. *Comparator:* Internet-based, 10-module self-help	n=49 (n=24 face to face group, n=25 internet group).	This study aimed to compare the effectiveness of ten individual weekly sessions of CBT for panic disorder (with or without agoraphobia) to a ten-module self-help program delivered via the internet. Outcome measures were assessed pre-treatment, post-treatment and at 12 months follow-up. There were no significant differences between the two groups at baseline, in either demographic characteristics, previous diagnoses and psychiatric co-morbidities, current treatment, or any outcome measure used in this study. Outcome measures were assessed pre-treatment, post-treatment and at 12 months follow-up. Six participants (three from each treatment group) dropped out during the course of the study. Six participants did not return their follow-up questionnaires, and their post-treatment scores were carried forward to the follow-up assessment point. Both treatment groups showed significant improvements on all outcome measures, both post-treatment and at 12 month follow-up. Though effect sizes were generally higher in the face-to-face treatment group, there were no statistically significant differences between the groups on any outcome	Randomisation used an internet-based random numbers service. No details of allocation concealment were reported. The nature of the interventions precluded blinding of participants and study personnel. Outcomes were assessed by self-reported

	program. Each module included information and exercises and ended with 3-8 essay questions. *Outcomes:* Cognition (ACQ), physiological sensations (BSQ), degree of agoraphobia (MI), generalised anxiety (BAI), depression (BDI), quality of life (QOLI) and clinical significance of the treatment (SCID).		measure. There were no differences in clinical significance of treatment between the two groups; at 12 months follow-up, 92% of participants in the internet-based treatment group and 88% of participants in the face-to-face treatment group no longer met the diagnostic criteria for PD.	questionnaire. Analyses were conducted on an intention-to-treat basis. Between group comparisons were not fully reported.
Kioplpulos et al. (2008)	*Participants:* Adults aged 18-70 years. Recruited through the Panic Online (PO) website in Australia; primary diagnosis of PD (with or without agoraphobia) according to DSM-IV and ADIS-IV; severity estimated to be two points greater than any secondary diagnosis; agreed not to undertake any other type of therapy during the study; if on medication for anxiety or depression, medication must have been stable for at least 12 weeks with continued symptoms. Exclusion criteria: seizure disorder; stroke; schizophrenia; organic brain syndrome; heart disease; alcohol or drug dependency; personality disorder; chronic	n = 86 (n=46 Panic Online (PO), n=40 face to face CBT).	This study aimed to compare an internet-based treatment program for PD, Panic Online (PO) to the accepted 'gold standard' treatment approach of face-to-face CBT. There were no significant differences between the two groups at baseline, in either demographic characteristics, socio-economic characteristics, primary and secondary diagnoses, current medication use, or any of the outcome measures used in this study. Outcome measures were assessed pre- and post-treatment. Seven participants (five from the PO group and two from the face-to-face treatment group) dropped out during the course of the study. Both interventions, PO and face-to-face CBT, were associated	No details of the randomisation process or allocation concealment were reported. The nature of the interventions precluded blinding of participants and study

	hypertension. *Intervention:* Panic Online; a structured program including common treatment methods used in CBT for panic disorder. *Comparator:* Face-to-face CBT therapy; the assisted used of a manual-based CBT program over a period of 12 weeks with an allocated psychologist. *Outcomes:* Anxiety level (ADIS-IV), Panic frequency and distress (PDSS), anxiety sensitivity (ASP), emotional states of anxiety, depression and stress (DASS), cognitions regarding catastrophic consequences of experiencing panic (ACQ), bodily sensations (BVS), quality of life (WHO-=QOL), perception of treatment credibility (TCS-M), benefit of therapeutic relationship (TAQ) and treatment satisfaction (TSQ).		with significant improvements in all outcome measures assessed (panic disorder and agoraphobia clinician severity ratings, self-reported panic disorder severity and panic attack frequency, measures of depression, anxiety, stress and panic related cognitions, and quality of life). There were no statistically significant differences between the two treatment groups, on any outcome measure.	personnel. All outcome assessors were blinded to treatment allocation. Analyses were conducted on an intention-to-treat basis. Results were reported for all outcomes listed.

Risk of Bias

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Botella et al. (2010)	?	?	☹	?	☹	☹
Carlbring et al. (2005)	☺	?	☹	☹	☺	☹
Kioplpulos et al. (2008)	?	?	☹	☺	☺	☺

☺Low Risk ☹High Risk ? Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	Anxiety	262	2
DARE	(web-based OR (web adj2 based)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 80 Delete 2 (computer* or CCBT or software* or bibliotherap* or online* or electronic* or virtual* or ICT or internet) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 13222 Delete 3 (self-help or (self adj2 help)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 174 Delete 4 ((beating adj3 blues)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 1 Delete 5 MeSH DESCRIPTOR Therapy, Computer-Assisted EXPLODE ALL TREES 360 Delete 6 MeSH DESCRIPTOR Computers EXPLODE ALL TREES 56 Delete 7 MeSH DESCRIPTOR Software EXPLODE ALL TREES 131 Delete 8 MeSH DESCRIPTOR Internet EXPLODE ALL TREES 211 Delete 9 MeSH DESCRIPTOR Bibliotherapy EXPLODE ALL TREES 13 Delete 10 MeSH DESCRIPTOR Self-Help Devices EXPLODE ALL TREES 65 Delete 11 (depress*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 1588 Delete 12 (anxiet* OR anxious*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 892 Delete 13 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 240 Delete 14 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 425 Delete 15 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 517 Delete 16 MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 932 Delete 17 MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 295 Delete 18 (CBT) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 228 Delete 19 (cognitive* adj3 therap*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 692 Delete 20 MeSH DESCRIPTOR Cognitive Therapy EXPLODE ALL TREES 695 Delete 21 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 13752 Delete	236	1

	22 #18 OR #19 OR #20 998 Delete 23 #21 AND #22 376 Delete 24 #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 2766 Delete 25 #23 AND #24		
Primary studies			
CENTRAL	#1 "mild depression" or "moderate depression":ti,ab,kw (Word variations have been searched) 336 #2 "mild anxiety" or "moderate anxiety" 61 #3 MeSH descriptor: [Depression] explode all trees 5420 #4 MeSH descriptor: [Anxiety] explode all trees 5155 #5 #1 or #2 or #3 or #4 9443 #6 MeSH descriptor: [Cognitive Therapy] explode all trees 4999 #7 "computerized cognitive behav*" 35 #8 "computerized CBT" 8 #9 CBT 2575 #10 "cognitive behav* therapy" 4333 #11 #6 or #7 or #8 or #9 or #10 7462 #12 #5 and #11 866 #13 2006 or 2007 or 2008 or 2009 or 2010 or 2011 or 2012 or 2013 or 2014 371475 #14 #12 and #13 677 Central only 492	492	
PsycINFO	Search History: 1. PsycINFO; exp COGNITIVE BEHAVIOR THERAPY/; 12129 results. 2. PsycINFO; COMPUTER ASSISTED INSTRUCTION/; 13288 results. 3. PsycINFO; 1 AND 2; 9 results. 4. PsycINFO; CBT.ti,ab; 7833 results. 5. PsycINFO; (computer adj3 CBT).ti,ab; 139 results. 6. PsycINFO; (computer adj3 "cognitive behav*").ti,ab; 56 results. 7. PsycINFO; (computer* adj3 "cognitive behav*").ti,ab; 156 results. 8. PsycINFO; "cognitive behav*".ti,ab; 28162 results.	290	

	9. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8; 43540 results. 10. PsycINFO; (depression adj2 mild).ti,ab; 751 results. 11. PsycINFO; (depression adj2 moderate).ti,ab; 740 results. 12. PsycINFO; (anxiety adj2 mild).ti,ab; 173 results. 13. PsycINFO; (anxiety adj2 moderate).ti,ab; 224 results. 14. PsycINFO; "DEPRESSION (EMOTION)"/; 21682 results. 15. PsycINFO; ANXIETY/; 44541 results. 16. PsycINFO; 10 OR 11 OR 12 OR 13 OR 14 OR 15; 63919 results. 17. PsycINFO; 9 AND 16; 1736 results. 31. PsycINFO; child*.ti,ab; 529736 results. 32. PsycINFO; adolescen*.ti,ab; 167600 results. 33. PsycINFO; 31 OR 32; 628834 results. 34. PsycINFO; 17 not 33; 1348 results. 35. PsycINFO; CLINICAL TRIALS/; 7801 results. 36. PsycINFO; random*.ti,ab; 132312 results. 37. PsycINFO; groups.ti,ab; 371648 results. 38. PsycINFO; (double adj3 blind).ti,ab; 18005 results. 39. PsycINFO; (single adj3 blind).ti,ab; 1431 results. 40. PsycINFO; EXPERIMENTAL DESIGN/; 9233 results. 41. PsycINFO; controlled.ti,ab; 82103 results. 42. PsycINFO; (clinical adj3 study).ti,ab; 8049 results. 43. PsycINFO; trial.ti,ab; 69577 results. 44. PsycINFO; "treatment outcome clinical trial".md; 27525 results. 45. PsycINFO; 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44; 575845 results. 46. PsycINFO; 34 AND 45; 481 results. 47. PsycINFO; 46 [Limit to: Publication Year 2006-2014]; 290 results.		
Embase	34. EMBASE; exp COGNITIVE BEHAVIOR THERAPY/; 34124 results. 35. EMBASE; COMPUTER ASSISTED INSTRUCTION/; 65587 results. 36. EMBASE; 34 AND 35; 153 results.	817	

	37. EMBASE; CBT.ti,ab; 7696 results. 38. EMBASE; (computer adj3 CBT).ti,ab; 86 results. 39. EMBASE; (computer adj3 "cognitive behav*").ti,ab; 46 results. 40. EMBASE; (computer* adj3 "cognitive behav*").ti,ab; 153 results. 41. EMBASE; "cognitive behav*".ti,ab; 21851 results. 42. EMBASE; 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41; 108687 results. 43. EMBASE; (depression adj2 mild).ti,ab; 1598 results. 44. EMBASE; (depression adj2 moderate).ti,ab; 1708 results. 45. EMBASE; (anxiety adj2 mild).ti,ab; 330 results. 46. EMBASE; (anxiety adj2 moderate).ti,ab; 396 results. 47. EMBASE; "DEPRESSION (EMOTION)"/; 0 results. 48. EMBASE; ANXIETY/; 117802 results. 49. EMBASE; 43 OR 44 OR 45 OR 46 OR 47 OR 48; 120599 results. 50. EMBASE; 42 AND 49; 4578 results. 51. EMBASE; child*.ti,ab; 1165885 results. 52. EMBASE; adolescen*.ti,ab; 215137 results. 53. EMBASE; 51 OR 52; 1280009 results. 54. EMBASE; 50 not 53; 3880 results. 55. EMBASE; random*.ti,ab; 890028 results. 56. EMBASE; factorial*.ti,ab; 23115 results. 57. EMBASE; (crossover* OR cross-over*).ti,ab; 69264 results. 58. EMBASE; placebo*.ti,ab; 200148 results. 59. EMBASE; (doubl* ADJ blind*).ti,ab; 142310 results. 60. EMBASE; (singl* ADJ blind*).ti,ab; 14472 results. 61. EMBASE; assign*.ti,ab; 239701 results. 62. EMBASE; allocat*.ti,ab; 84228 results. 63. EMBASE; volunteer*.ti,ab; 176506 results. 64. EMBASE; CROSSOVER PROCEDURE/; 39769 results. 65. EMBASE; DOUBLE BLIND PROCEDURE/; 114758 results.		

	66. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 347300 results. 67. EMBASE; SINGLE BLIND PROCEDURE/; 18650 results. 68. EMBASE; 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62 OR 63 OR 64 OR 65 OR 66 OR 67; 1418211 results. 69. EMBASE; 54 AND 68; 1059 results. 70. EMBASE; 69 [Limit to: Publication Year 2006-2014]; 817 results.		
Medline	34. MEDLINE; exp COGNITIVE BEHAVIOR THERAPY/; 16421 results. 35. MEDLINE; COMPUTER ASSISTED INSTRUCTION/; 9463 results. 36. MEDLINE; 34 AND 35; 51 results. 37. MEDLINE; CBT.ti,ab; 5297 results. 38. MEDLINE; (computer adj3 CBT).ti,ab; 73 results. 39. MEDLINE; (computer adj3 "cognitive behav*").ti,ab; 38 results. 40. MEDLINE; (computer* adj3 "cognitive behav*").ti,ab; 127 results. 41. MEDLINE; "cognitive behav*".ti,ab; 15848 results. 42. MEDLINE; 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41; 34634 results. 43. MEDLINE; (depression adj2 mild).ti,ab; 1030 results. 44. MEDLINE; (depression adj2 moderate).ti,ab; 1146 results. 45. MEDLINE; (anxiety adj2 mild).ti,ab; 194 results. 46. MEDLINE; (anxiety adj2 moderate).ti,ab; 258 results. 47. MEDLINE; "DEPRESSION (EMOTION)"/; 77908 results. 48. MEDLINE; ANXIETY/; 53999 results. 49. MEDLINE; 43 OR 44 OR 45 OR 46 OR 47 OR 48; 117776 results. 50. MEDLINE; 42 AND 49; 2595 results. 51. MEDLINE; child*.ti,ab; 1014151 results. 52. MEDLINE; adolescen*.ti,ab; 179613 results. 53. MEDLINE; 51 OR 52; 1113417 results. 54. MEDLINE; 50 not 53; 2177 results. 55. MEDLINE; "randomized controlled trial".pt; 385569 results. 56. MEDLINE; "controlled clinical trial".pt; 89643 results. 57. MEDLINE; randomized.ab; 305634 results. 58. MEDLINE; placebo.ab; 158539 results.	842	

	59. MEDLINE; "drug therapy".fs; 1732360 results. 60. MEDLINE; randomly.ab; 220019 results. 61. MEDLINE; trial.ab; 317496 results. 62. MEDLINE; groups.ab; 1392776 results. 63. MEDLINE; 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62; 3418945 results. 64. MEDLINE; 54 AND 63; 1151 results. 65. MEDLINE; 64 [Limit to: Publication Year 2006-2014]; 842 results.		
Summary	**NA**	**NA**	

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