

Management of anxiety disorders: Basic & intensive psychosocial treatment for anxiety disorder (mild, moderate-severe cases)

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Date: 22-11-2021

Description of condition and intervention

Anxiety disorders refer to a group of mental disorders characterized by feelings of anxiety and fear, including generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). The symptoms can range from mild to severe. The duration of symptoms typically experienced by people with anxiety disorders makes it more a chronic than episodic disorder. Source: WHO 2017

Basic psychosocial treatment includes counselling, problem solving therapy and specific interventions like cognitive behavioural therapy (CBT), contingency management, interpersonal therapy, psychodynamic therapy (Huibers et al 2007). However, CBT is considered as the mainstay non-pharmacological treatment. Intensive psychosocial treatment and antidepressant/pharmacotherapy is indicated for moderate-severe or severe cases of anxiety. In this evidence brief, we present the effect and cost of the following intervention being analysed in FairChoices:DCP Analytical tool:

Basic & intensive psychosocial treatment for anxiety disorder (mild, moderate-severe cases)

International guidelines

Organization	Indications/recommendations	Applicability in LIC & Lower MIC settings
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World Health Organization	mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP)	Yes
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Source: WHO 2016

Intervention attributes

Type of interventions

Curative

Delivery platform

This intervention may be delivered as part of routine care services predominantly at health centre level.

Equity

In addition to considerations like cost-effectiveness and health systems factors, dimensions of equity can be relevant for priority setting. The opportunity for a long and healthy life varies according to the severity of a health condition that individuals might have, so there are inequities in individuals' opportunities for long and healthy lives based on the health conditions they face. Metrics used to estimate the severity of illness at an individual level can be used to help prioritize those with less opportunity for lifetime health. FairChoices: DCP Analytics Tool uses Health adjusted age of death (HAAD), which is a metric that estimates the number of years lived from birth to death, discounting years lived with disability. A high HAAD thus represents a disease less severe in terms of lifetime health loss, while a low HAAD represents a disease that is severe on average, causing early death or a long period of severe disability. It is also possible to estimate the distribution of HAAD across individuals with a health condition. FairChoices shows for each intervention an average HAAD value of the conditions that are affected by respective interventions that have health effects. Additionally, a plot shows HAAD values for around 290 conditions (Johansson KA et al 2020).

Time dependence

Low level of urgency. Treatment outcomes not highly affected by some days of delay.

Population in need of interventions

Treated population: All individuals (prevalent cases) of anxiety disorders in the age group of 10 to 99 years and gender are eligible to receive the intervention. We estimated the treated fractions based on the severity split for anxiety disorders provided in the Global Burden of Disease study 2019 supplement. The treated fraction for mild cases was 0.55, moderate as 0.27, and 0.18 for severe cases of anxiety disorders.

Affected population: The affected population include those with the condition in the age-group of 10 to 99 years, both genders. The affected fraction by this intervention is assumed to be like treated fraction, stratified by clinical severity (mild, moderate, and severe).

Disease stage addressed

Primary cause addressed by this intervention is anxiety disorders.

Intervention effect and safety

Table 1: Effect and safety of interventions for anxiety disorders

What happens?	No intervention	With intervention	Certainty of evidence
Disability*			See appendix
Basic psychosocial support for mild depression	Impact on function due to the intervention=7.4% reduction		
Basic psychosocial support for moderate-severe depression	Impact on function due to the intervention=9.2% reduction		
Intensive psychosocial support for moderate-severe depression	Impact on function due to the intervention=12% reduction		
*Effect sizes from OneHealth tool			

EVIDENCE BRIEF

Basic & Intensive psychosocial treatment
mild, moderate & severe cases
(DCP4 ID: MENTD01-01,02,03)
Cluster: Mental & substance use disorders

FairChoices
DCP Analytic Tool

Model assumptions

Table 2: Summary of model parameters and values used in FairChoices – DCP Analytical Tool

Category	Model parameter	Notes
Interventions	Basic & intensive psychosocial treatment for anxiety disorders	
Cost parameters		
Treated population	Based on prevalence of anxiety disorders	Global Burden of Disease study 2019
Gender	Both male & female	
Age	10 to 99 years	
Treated fraction Basic psychosocial support for mild anxiety disorders Basic psychosocial support for moderate anxiety disorders Intensive evere for	0.55 0.27 0.18	Global Burden of Disease study 2019 supplement
Effect parameters		
Affected population	Those with condition	
Affected gender	Both male & female	
Affected fraction age	10 to 99 years	
Affected fraction for disability reduction Mild Moderate Severe	0.55 0.27 0.18	
Comparison	No intervention	
Disability Reduction (RRR) Basic psychosocial treatment mild anxiety disorders moderate anxiety disorders Intensive psychosocial treatment for severe anxiety disorders	0.074 0.092 0.12	Source: OneHealth Tool

**Relative risk reduction (RRR) estimated as 1-Relative risk (RR)

Intervention cost

The unit cost for managing anxiety with psychological and generic antidepressant therapy is estimated at USD 38.3 per person-year in a specified population in South Africa in 2008 USD. We used the cost of depression management as a proxy adjusted for the difference in the prevalence of the two conditions (Chisholm et al. 2016).

References

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Appendix

Literature Review for effectiveness & safety

This literature search is an example of Level 1 search for intervention inputs taken from DCP3 or generated in an ad hoc manner (e.g., quick google search found one study of cervical cancer screening cost-effectiveness that was used to create an effectiveness parameter for that intervention).

Level of evidence of efficacy studies:

1. low (expert opinions, case series, reports, low-quality case control studies)
2. moderate (high quality case control studies, low quality cohort studies)
3. high (high quality cohort studies, individual RCTs)
4. very high (multiple RCTs, meta-analysis, systematic review, clinical practice guidelines)