

Economic evidence profiles for review question: For adults with a new episode of less severe depression, what are the relative benefits and harms of psychological, psychosocial, pharmacological and physical interventions alone or in combination?

Table 54. Economic evidence profile for individual problem solving versus treatment as usual

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER ¹	Uncertainty
Kendrick 2005/2006a UK	Minor limitations ²	Directly applicable ³	Outcome: QALY	£483	-0.02	Problem solving dominated by TAU	Significant difference in costs; non-significant difference in effects; majority of bootstrapped iterations showed problem solving being dominated by TAU

ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; TAU: treatment as usual

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 26 weeks; analysis conducted alongside RCT (N=247; analysis based on n=184 with clinical data available; cost data available for n=159); national unit costs used; statistical analyses conducted; cost effectiveness planes presented.

3. UK study; NHS perspective; QALY estimates based on EQ-5D (UK tariff)

Table 55. Economic evidence profile for computerised CBT (with minimal support) versus treatment as usual

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER ¹	Uncertainty
Kaltenthaler 2006 UK	Potentially serious limitations ²	Directly applicable ³	Outcome: QALY 3 commercially produced computerised CBT packages assessed	From £95 to £287 (depending on package)	From 0.01 to 0.08 (depending on package)	From £2,678 to £10,614 (depending on package)	Probability of cCBT being cost-effective at WTP £44,600/QALY: 0.54-0.87 (depending on package)

cCBT: computerised cognitive behavioural therapy; ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 18 months; analysis based on decision-analytic economic modelling; efficacy data based on analysis of individual-level RCT data, published RCT data and further assumptions; resource use data based on manufacturer submissions, published data and other assumptions; manufacturer prices used for intervention, national unit costs used for other cost elements; sensitivity analyses, including PSA conducted; CEACs presented

3. UK study; NHS perspective; QALY estimated based on EQ-5D ratings (UK tariff)

Table 56. Economic evidence profile for sertraline versus placebo

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER ¹	Uncertainty
Hollingworth 2020 UK	Minor limitations ²	Directly applicable ³	Outcome: QALY	Total sample: -£23 (-£91 to £44) Mild depression: -£20 (-£161 to £121)	Total sample: 0.005 (-0.003 to 0.012) Mild depression: 0.004 (-0.004 to 0.012)	Total sample: Sertraline dominant Mild depression: sertraline dominant	Probability of sertraline being cost-effective at WTP £20,000/QALY : >0.95 in total sample; >0.70 in mild depression

ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 12 weeks; analysis conducted alongside RCT (N=655; utility data available for n=505; cost data available for n=381); national unit costs used; imputation of missing data undertaken; statistical analyses including PSA conducted; cost effectiveness acceptability curve presented.

3. UK study; NHS & personal social services perspective; QALY estimates based on EQ-5D (UK tariff)

Table 57. Economic evidence profile for SSRIs added to GP supportive care compared with GP supportive care alone

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER	Uncertainty
Kendrick 2009 UK	Minor limitations ²	Directly applicable ³	Outcomes: HAMD17 and QALY	12 weeks -£36 26 weeks £195	12 weeks -2.49 26 weeks -1.81 0.010	12 weeks: SSRIs & supportive care dominant 26 weeks: £115/HAMD17 reduction in score £18,894/QALY	Probability of SSRI plus supportive care being cost-effective >0.50 at WTP £102/HAMD17 unit reduction; 0.65-0.70 at WTP £20,000-£30,000 /QALY

ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 12 and 26 weeks; analysis conducted alongside RCT (N=220; 12-week completers n=196; 6-month follow-up n=160); national unit costs used; statistical analyses (including bootstrapping) conducted; CEACs presented.

3. UK study; NHS and social care perspective; QALY estimates based on SF-36/SF-6D (UK tariff)

Table 58. Economic evidence profile for SSRIs versus TCAs versus lofepramine

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER	Uncertainty
Peveler 2005/ Kendrick 2006b UK	Minor limitations ²	Directly applicable ³	Outcomes: number of DFWs, defined as a HADS-D score <8; QALY	Versus lofepramine: TCAs: -£162 SSRIs: £12	Versus lofepramine: DFWs: TCAs: 0.7 SSRIs: 3.7 QALYs: TCAs: -0.004 SSRIs: 0.034	SSRIs vs lofepramine £49/DFW (TCAs extendedly dominated) SSRIs vs TCAs £4,142/QALY (lofepramine extendedly dominated)	Probability of SSRIs being cost-effective 0.6 at WTP £20,000/QALY

ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 12 months; analysis conducted alongside an open label RCT (N=327; entered preference group n=92; followed-up at 12 months n=171); national unit costs used; statistical analyses (including bootstrapping) conducted; CEACs presented.

3. UK study; NHS perspective; QALY estimates based on EQ-5D ratings (UK tariff)

Table 59. Economic evidence profile for exercise plus treatment as usual versus treatment as usual alone

Study and country	Limitations	Applicability	Other comments	Incremental costs ¹	Incremental effects	ICER	Uncertainty
Chalder 2012 UK	Potentially serious limitations ²	Directly applicable ³	Outcome: QALY	£352	0.014	£24,793	Probability of cost effectiveness at £20,000 and £30,000/QALY: 0.49 and 0.57, respectively Using imputed data: ICER £23,079/QALY Probability of cost effectiveness at £20,000 and £30,000/QALY: 0.50 and 0.60, respectively

ICER: incremental cost effectiveness ratio; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs uplifted to 2020 UK pounds using the NHS cost inflation index (Curtis 2020).

2. Time horizon 12 months; analysis conducted alongside RCT (N=361; at 12 months EQ-5D data n=195; complete resource use data n=156); national unit costs used; statistical analyses conducted, including bootstrapping; PSA undertaken and CEACs presented; one way sensitivity analysis undertaken

3. UK study; NHS & PSS perspective; QALY estimates based on EQ-5D (UK tariff)

Table 60. Economic evidence profile for various pharmacological, psychological and physical interventions

Study and country	Limitations	Applicability	Other comments	Incremental cost / 1000 people (£) ¹	Incremental effect / 1000 people	NMB (£) per person ¹	Uncertainty
Guideline economic analysis UK	Minor limitations ²	Directly applicable ³	Outcome: QALY	Versus GP care: Sertraline 68,564 Lofepamine 225,008 cCBT -32,327 cCBT with support 24,466 BA individual 482,191 BA group 113,499 CBT individual 468,144 CBT group 60,259 Individual problem solving 77,470 Non-directive counselling 559,495 IPT 478,353 Short-term PDPT 883,503 MBCT group 234,268 Exercise individual 816,427 Exercise group 28,712	Versus GP care: Sertraline 30.92 Lofepamine 31.35 cCBT 21.24 cCBT with support 21.24 BA individual 42.25 BA group 43.24 CBT individual 42.66 CBT group 54.50 Individual problem solving 6.75 Non-directive counselling 22.93 IPT 24.54 Short-term PDPT 37.18 MBCT group 36.70 Exercise individual 30.69 Exercise group 32.98	CBT group 32,900 BA group 32,622 Exercise group 32,501 Sertraline 32,420 MBCT group 32,370 cCBT 32,328 Lofepamine 32,272 cCBT with support 32,271 CBT individual 32,255 BA individual 32,233 Problem solving 31,928 IPT 31,883 GP care 31,871 Counselling 31,770 Short-term PDPT 31,731 Exercise individual 31,668	Probability of cost effectiveness at WTP £20,000/QALY: CBT group 0.60 Results of pharmacological interventions sensitive to the risk of side effects

BA: behavioural activation; CBT: cognitive behavioural therapy; cCBT: computerised cognitive behavioural therapy; IPT: interpersonal psychotherapy; MBCT: mindfulness-based cognitive therapy; NMB: net monetary benefit; PDPT: psychodynamic psychotherapy; QALY: quality-adjusted life year; WTP: willingness to pay

1. Costs expressed in 2020 British pounds.

2. Decision-analytic hybrid model, time horizon 12 weeks + 2 years; relative effects based on guideline systematic review and NMA; baseline effects derived from review of naturalistic studies; resource use based on published data supplemented by most up-to-date resource use and unit cost data; national unit prices used; PSA conducted; CEAF presented

3. UK study; NHS & PSS perspective; QALY estimates based on EQ-5D (UK tariff)