



Bilaga 6 Tabell över inkluderade studier, hälsoekonomi/Appendix 6 Table of included health economic studies

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Table 1 Economic evaluation comparing health visitor training in psychologically informed approaches to health visitors providing usual care for depression in postnatal women.

Author	Morrell et al
Year	2009
Reference	[99]
Country	UK
Study design	RCT-based CUA Time period: 6 months in base case (12 months in sensitivity analysis)
Population	Women with EPDS score ≥ 12 at 6 weeks postpartum (n=418), mean age 30.9 years
Setting	Primary care
Perspective	Health care and social services
Intervention	Health visitors trained to identify depressive symptoms using the EPDS and to use clinical assessment skills to assess a mother's mood, as well as to deliver psychologically informed sessions based on either cognitive behavioural approach (CBA) or person-centred approach (PCA) (n=271). Intervention consisted of up to 8 weekly 1-hour sessions focusing on the woman's needs, starting around 8 weeks postnatally. N in economic analyses = 195 (CBA=116; PCA=79)
vs control	vs Health visitor usual care, representing variability in clinical practice regarding training on identification of women at risk of PND (n=147). N in economic analyses = 78
Incremental cost	Intervention: 339 GBP (CBA 329 GBP; PCA 353 GBP) Control: 374 GBP Mean difference 35 GBP (95% CI, -137 to 68 GBP) Costs of the mother included health visitor contacts, GP contacts, prescriptions, social worker contacts, and other NHS contacts. Resource use up to 6 months based on trial resource log. Cost for health visitor training estimated to 1398 GBP per health visitor (converted to annual equivalent cost). Costs reported in GBP year 2003/4.
Incremental effect	Intervention: 0.026 (CBA 0.027; PCA 0.025) Control: 0.023 Mean difference 0.003 (95% CI, -0.004 to 0.010) SF-6D derived from SF-12, a secondary endpoint in the RCT [86] using UK tariff.
ICER	No ICERs presented, as base case indicated lower costs and higher QALYs for intervention.
Study quality and transferability*	Moderate-high quality Moderate transferability to Sweden
Further information Comments	ITT analysis based on Morrell et al, 2009 [86] Loss to follow-up at 6 months was 35% for economic analysis (71% and 86% at 12 and 18 months, respectively). Sensitivity analyses using multiple imputation suggested no change in overall results. Although aggregate differences in mean costs and mean QALYs were not statistically significant, probabilistic sensitivity analyses suggested that there was just over 80% probability of the intervention being cost-effective using a willingness-to-pay threshold of 20 000–30 000 GBP per QALY.

CBA = Cognitive behavioural approach; **CUA** = Cost-utility analysis; **EPDS** = Edinburgh postnatal depression scale; **GBP** = British pounds; **GP** = General practitioner; **ICER** = Incremental cost-effectiveness ratio; **ITT** = Intention-to-treat; **NHS** = National Health Service; **PCA** = Person-centred approach; **PND** = Post-natal depression; **RCT** = Randomised controlled trial; **QALY** = Quality-adjusted life-year; **SF-6D** = Short-Form Six-Dimension

* Assessed using SBU's checklist for trial-based health economic studies [112].

Table 2 Economic evaluation comparing group cognitive behavioural therapy with routine primary care for women with postnatal depression.

Author	Stevenson et al
Year	2010
Reference	[101]
Country	UK
Study design	Model-based CUA Time period: 6 months treatment effect, 12 months follow-up
Population	Women with postpartum depression (scoring above 12 on EPDS)
Setting	Primary care
Perspective	Health care and social services
Intervention	Group cognitive behavioural therapy (CBT) consisting of 8 weekly, 2-hour sessions run by two female health visitors
vs control	vs Routine primary care provided by health visitors.
Incremental cost	Estimated cost per woman completing group CBT course: 1500 GBP Only the cost of intervention was included Costs reported in GBP year 2007/8
Incremental effect	Mean QALY gain: 0.032 Utilities based on mapping between EPDS and SF-6D using primary data from Morrel 2009 [1].
ICER	46 462 GBP/QALY (95% CI, 37 008 to 60 728 GBP/QALY)
Study quality and transferability*	Moderate quality Moderate transferability to Sweden
Further information	Effectiveness data based on systematic review, identifying Honey et al [5] as relevant, with n=45. Assumptions of duration and pattern of comparative effect based on clinical input.
Comments	Probabilistic sensitivity analyses indicated that in the base case, group CBT was unlikely to be cost-effective using recommended NICE willingness-to-pay thresholds of 20 000–30 000 GBP per QALY. However, several univariate sensitivity analyses with plausible inputs resulted in ICERs that could be considered cost-effective. The authors concluded that a definitive answer could only be given once there was more certainty in the costs of conducting group CBT, the efficacy of pure group CBT and in the duration of residual benefit.

CBT = Cognitive behavioural therapy; **CUA** = Cost-utility analysis; **EPDS** = Edinburgh postnatal depression scale; **GBP** = British pounds; **ICER** = Incremental cost-effectiveness ratio; **NICE** = National Institute for Health and Care Excellence; **QALY** = Quality-adjusted life-year; **SF-6D** = Short-Form Six-Dimension

* Assessed using SBU's checklist for model-based health economic studies [113].

Referenser/References

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