Evidence tabellen thema Interventies: Preventie van angst bij jeugdigen en niveau van bewijsvoering

In deze evidence-tabellen word de drie meta-analyses en systematische reviews beschreven die in dit hoofdstuk zijn gebruikt.

Fisak, B. J. J., Richard, D., & Mann, A. (2011). The prevention of child and adolescent anxiety: A meta-analytic review. *Prevention Science, 12,* 255-268.

Reference:	
Methods	Study aim: to provide a comprehensive review of the effectiveness of child and adolescent anxiety prevention programs Study design: Meta-analysis Analysis: Pooled standardized effect sizes Cohen's d Setting: School and pre-school settings
Patients	Number of studies: K= 35 Number of patients: N=7.735 Age: range 2 - 17 years Sex: Inclusion: The prevention of anxiety was stated as primary goal of the study. For example, programs in which depression or general stress management was the primary goal, and in which anxiety was measured as a secondary variable, were excluded. For inclusion, programs were required to target children and/or adolescents below the age of 18. Both published and unpublished studies (e.g., doctoral dissertations) were included. Exclusion: Programs that include children or adolescents who had developed anxiety disorders before the implementation of the intervention, were considered to be treatment programs rather than prevention programs, and were excluded from the review. Also, early intervention treatment programs (which were included in the review of Neil and Christensen (2009) were excluded).

	Baseline characteristics: Not applicable
Interventions	Intervention: Mostly group-based programs based on behavioural and cognitive behavioural therapy. Also parent-based skills training and anti-stress programs. Control: Not reported Follow-up time: post, 6 months, 12 months
Outcome	Primary: Anxiety symptoms Secondary: -
Results	A statistically significant effect size of .18 was obtained for anxiety symptoms at post-intervention, which is consistent with effect sizes reported in reviews of depression, eating disorder, and substance abuse prevention programs. However, the effect sizes obtained at follow-up yielded mixed results (significant at 6 months d = .23 and non-significant at 12 months d = .05) . Significant moderators of program effectiveness were found including provider type (professional more effective than lay provider) and the use of the FRIENDS program (which was more effective than other programs). In contrast, program duration, participant age, gender, and program type (universal versus targeted) were not found to moderate program effectiveness. Conclusions Anxiety prevention appears to be a promising strategy to reduce the incidence rates of anxiety disorders.
Quality Assessment	Study question: + Explicit clinical aim, PICO well described Search strategy: +/- Nursing and Allied Health Collection, Medline, PILOTS Database (Post-traumatic stress disorder (PTSD) and other mental-health sequelae of traumatic events), PsychINFO, Social Sciences Full Text, and Social Services Abstracts

	English Selection process: - (unclear selection process) Explicit in- and exclusion criteria (e.g. patient group, design, intervention) Yes By two reviewers independently made final selection? No Flow diagram? No Quality assessment: - Explicit list of criteria (at least allocation concealment and blinding of assessors)? No By two reviewers independently? No How consensus was reached and level of agreement? Unclear process Results individual studies reported? Yes Data extraction: + By two reviewers independently? Yes, three Process clearly described? Yes Characteristics original studies: + At least design, population, primary outcomes, follow up length? No (control group, setting not described) Handling heterogeneity: + Clinical heterogeneity?: subgroups/moderator analyses Statistical heterogeneity: No reporting Statistical pooling: + Funding / conflicts of interest: ? Overall quality of evidence: - General conclusion: - (low quality meta-analysis)

Calear, A. L. & Christensen, H. (2010). Review of internet-based prevention and treatment programs for anxiety and depression in children and adolescents. ***Medical Journal of Australia, 192,*** **S12-S14.**

Reference:	
Methods	Study aim To identify and describe current internet-based prevention and treatment programs for anxiety and depression in children and adolescents. Study design: Systematic review Analysis: Setting: Internet
Patients	Number of studies: K= 8 Number of patients: N=2.094 Age: range 6 -25 years Sex: Inclusion: The inclusion criteria for this review were that: (a) the program participants were children (aged 5–12 years) or adolescents (13– 19 years); (b) the primary aim of the program was to treat or prevent the symptoms

	or incidence of anxiety and/or depression; (c) the program was delivered via the internet; and (d) at least one evaluation of the program's efficacy had been conducted and published in a peer-reviewed, English-language journal. Exclusion: Baseline characteristics: Not applicable
Interventions	Intervention: Online programs based on cognitive behavioural therapy. Three anxiety programs, but only one program (MoodGym, aimed to reduce anxiety and depression symptoms) universal prevention, other two programs are treatment programs. Control: Wait-lists Follow-up time: post, 6 months, 12 months
Outcome	Primary: Anxiety symptoms Secondary: Depressive symptoms
Results	Of the eight evaluation studies identified, six reported post-intervention reductions in symptoms of anxiety and/or depression or improvements in diagnostic ratings. Three of these studies also reported

	reductions or improvements at follow-up. This finding provides early support for the efficacy and effectiveness of internet-based programs for anxiety and depression in children and adolescents. Although MoodGYM also has some effect on anxiety symptoms, no prevention programs were found that specifically targeted adolescent anxiety. Conclusions The findings provide early support for the effectiveness of internet-based intervention programs for anxiety and depression in children and adolescents and suggest that they can be delivered in a variety of settings. Further program development is needed to fill current gaps in the field. More rigorous research is also needed and should include determining the extent of program support, the satisfaction of users, and intervention effects at longer-term follow-up.
Quality Assessment	Study question: + Explicit clinical aim, PICO well described Search strategy: +/- Systematic search of the Cochrane Library, PsycINFO and PubMed databases conducted in June 2009 Abstracts

	English Selection process: - (one reviewer) Explicit in- and exclusion criteria (e.g. patient group, design, intervention) Yes By two reviewers independently made final selection? No Flow diagram? No Quality assessment: - Explicit list of criteria (at least allocation concealment and blinding of assessors)? No By two reviewers independently? No Two authors independently assessed studies for inclusion and rated their quality. How consensus was reached and level of agreement? - Results individual studies reported? Yes Data extraction: + By two reviewers independently? No Process clearly described? Yes Characteristics original studies: + At least design, population, primary outcomes, follow up

	length? No Handling heterogeneity: - Clinical heterogeneity?: Yes, moderator analyses Statistical heterogeneity: No Statistical pooling: No Funding / conflicts of interest: ? Overall quality of evidence: +/- (more rigorous research is needed, more long-term follow-up) General conclusion:+/- (It is a systematic review)

Neil, A. L. & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review, 29,* 208-215.

Reference:	
Methods	Study aim The study aims to identify and describe school-based prevention and early intervention programs for anxiety, and their effectiveness in reducing symptoms of anxiety. The current review also attempts to determine the relative effectiveness of universal, selective and indicated programs, and to determine whether the type of control group (attention control vs. other), implementation method (teacher vs. other), or intervention (cognitive behavioural therapy [CBT] vs. other) contributes to reports of program effectiveness. Study design: Systematic review Analysis: Pooled standardized effect sizes Cohen's d

	Setting: School and pre-school settings
Patients	Number of studies: K= 27 Number of patients: N=2.094 Age: range 6 -25 years Sex: Inclusion (a) study participants were children (5–12 years) or adolescents (13–19 years), (b) the primary aim of the intervention trialed was to reduce or prevent the symptoms or incidence of anxiety, or to build resilience, (c) the intervention reported was a structured school-based program (delivered as part of the formal school curriculum or as an after school endorsed activity targeting school children), (d) one of the primary outcome measures in the study was anxiety symptomatology or diagnosis, (e) the study was a randomized controlled trial (RCT), Exclusion: Baseline characteristics: Not applicable
Interventions	Intervention: school-based prevention and early intervention programs for anxiety. Control: Half of the trials identi!ed in the review employed a no intervention or usual care control group, while a third (33%) enlisted a wait-list control and only 15% had an attention control. Follow-up time: different

Outcome	Primary: Anxiety symptoms Secondary:
Results	Overall the results of this review support the value of prevention interventions for anxiety, with over three-quarters of the trials reporting a significant reduction in symptoms of anxiety. Small (0.11) to large (1.37) effect sizes were reported both at post-test and follow-up. The sizes of effects were quite variable, with possible explanations for the variability unclear, although differences in program!delity, leader rapport, relevant content and audience appeal are possible explanations. A mundane program that is incorrectly delivered by a disinterested and unprepared program leader is likely to produce poorer results than one that is innovative, based on up-todate knowledge and delivered in an enthusiastic and engaging manner. The measurement of participant and program leader adherence and engagement would help to ascertain the in"uence of these factors. Trial quality may also have played a role in the size of intervention effects, with poorly controlled trials potentially overestimating or underestimating effects. The signi!cant effects obtained did not seem to depend on the type of intervention (CBT vs. other), type of program leader (teacher vs. other), or type of control group (attention control vs. other). This is contrary to the !ndings of a parallel school-based depression review (Neil & Christensen, submitted for publication), which found that school-based depression prevention programs were less likely to report signi!cant !ndings if the program was presented by a classroom teacher or if it was compared to an attention control condition. This difference may suggest that compared to depression programs, anxiety programs may be the intervention of choice in school environments. They can be implemented well by school teachers,

	and are relatively robust in producing symptom reduction in the school environment. At post-test, universal programs in the current review were Associated with a higher proportion of significant trials and larger effect sizes compared to indicated and selective programs. FRIENDS is a consistently effective program. Conclusions Overall the current findings support the usefulness of anxiety prevention and early intervention programs in schools. Both indicated and universal approaches produce positive results with small to moderate reductions in anxiety at post-test and follow-up.
Quality Assessment	Study question: + Explicit clinical aim, PICO well described Search strategy: +/- The Cochrane Library, PsycInfo and PubMed databases were electronically searched, for articles published between 1987 and February 2008, with the key search terms "school! OR school-based OR adolescen! OR child! OR youth", "prevent! OR early intervent!", and "anxiety OR anxious". Abstracts English Selection process: - (one reviewer) Explicit in- and exclusion criteria (e.g. patient group, design, intervention) Yes By two reviewers independently made final selection? Yes Flow diagram? No

	Quality assessment: - Explicit list of criteria (at least allocation concealment and blinding of assessors)? No By two reviewers independently? Yes Two authors independently assessed studies for inclusion and rated their quality. How consensus was reached and level of agreement? - Results individual studies reported? Yes Data extraction: + By two reviewers independently? Yes Process clearly described? Yes Characteristics original studies: + At least design, population, primary outcomes, follow up length? No Handling heterogeneity: - Clinical heterogeneity?: Yes, moderator analyses Statistical heterogeneity: No Statistical pooling: No Funding / conflicts of interest: ? Overall quality of evidence: +/- (more rigorous research is needed, more long-term follow-up) General conclusion:+/- (It is a systematic review)