Main search strings (June 17th 2019)

PubMed

("health anxiety"[All Fields] OR "hypochondriasis"[MeSH Terms] OR hypochondria*[All Fields] OR "illness phobia"[All Fields] OR "disease phobia"[All Fields] OR nosophob*[All Fields] OR cyberchondr*[All Fields] OR "illness anxiety"[All Fields] OR "somatic symptom disorder"[All Fields]) AND ("Randomized Controlled Trial"[pt] OR "randomised controlled trial"[All Fields] OR "randomized controlled trial"[All Fields] OR "clinical trial"[All Fields] OR "random*"[Title])

PsycINFO

("health anxiety".mp. or exp Hypochondriasis/ or "hypochondria*".mp. or "illness phobia".mp. or "disease phobia".mp. or "nosophob*".mp. or "cyberchondr*".mp. or "illness anxiety".mp. or "somatic symptom disorder".mp.) and ("randomized controlled trial".mp. or "randomised controlled trial".mp. or "clinical trial".mp. or "random*".m_titl.)

OATD (Open Access Theses and Dissertations)

title:("health anxiety") OR title:("hypochondria")
Health economy search strings (June 28th 2019)

**PubMed**


**PsycINFO**

("health anxiety".mp. or exp Hypochondriasis/ or "hypochondri*a".mp. or "illness phobia".mp. or "disease phobia".mp. or "nosophob*".mp. or "cyberchondr*".mp. or "illness anxiety".mp. or "somatic symptom disorder".mp.) and ("cost-benefit".mp. or "cost-effectiveness".mp. or "cost-utility".mp.)
Primary outcome funnel plot with imputed studies in white
Waiting-list controlled effects funnel plot with imputed studies
Approximation of Fallon et al effects

One of the included studies, a randomised controlled trial of (a) cognitive behaviour therapy (CBT), (b) fluoxetine, (c) pill placebo and (d) the combination of CBT and fluoxetine (not used for the present review), reported measuring health anxiety with a Likert-version of the Whiteley Index (WI) (1) but did not report the outcome in such a way that we could extract within-group effects, and we were also unsure how to interpret the between-group effects reported in Table 2 (the WI was reportedly log transformed and the exact specification of this model was also unclear to us) (2). As we could not reach the author, instead of excluding the study from several analyses, we approximated the effects of CBT, fluoxetine and pill placebo based on 1000 simulated studies. For each simulated study, we created a random baseline WI variable based on the group-specific WI means and standard deviations reported in Table 1 of the study primary publication (e.g., CBT: M=52.0, SD=8.9, N=53, see p. 759). We then proceeded to estimate post-treatment WI values based on week 24 responder rates, as reported in the ‘N’ columns of Table 3 (p. 761), assuming that the distribution of response in terms of percentage reduction was approximately normal for patients that completed the assessment, and zero (values carried forward as in the original publication) for the proportion that did not complete the assessment. Based on the 1000 simulated samples, we extracted the median intention-to-treat CBT post-treatment WI mean, and as intended by the authors of the original study, we based between-group effects on regression models that used the pre-treatment WI as covariate in order to account for baseline imbalance. We approximated the post-treatment standard deviation simply as 1.25 times the group-specific baseline standard deviation.