

## Elintapojen ja omahoidon ohjaus; ahdistuneisuus- ja pelkotilat

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Kysymys	Näytön taso	Recommendation	Kirjallisuus	Yhteenveto
In the treatment of GAD, do any of the following improve outcomes compared with other interventions (including treatment as usual): non-facilitated bibliotherapy, non-facilitated audiotherapy, non-facilitated computer therapy, guided bibliotherapy, guided computer therapy, psychoeducational groups and helplines.	C	<p>For people with GAD whose symptoms have not improved after education and active monitoring in step 1, offer one or more of the following as a first-line intervention, guided by the person's preference:</p> <p><b>individual non-facilitated self-help</b>  <b>individual guided self-help</b>  <b>psychoeducational groups.</b></p> <p><b>Individual non-facilitated self-help</b> for people with GAD should:</p> <p>include written or electronic materials of a suitable reading age (or alternative media)</p> <p>be based on the treatment principles of cognitive behavioural therapy (CBT)</p> <p>include instructions for the person to work systematically through the materials over a period of at least 6 weeks</p> <p>usually involve minimal therapist contact, for example an occasional short telephone call of no more than 5 minutes.</p>	UK, NICE, 2011	<p>Individual non-facilitated self-help: Systematic review included in the NICE guideline: 6 RCT studies with 297 patients.</p> <p>Guided self-help: 3 RCT studies with 187 patients, and 1 quasi-RCT study with 96 patients.</p> <p>Psychoeducational groups: 1 RCT study with 73 patients, and 1 quasi-RCT study with 37 patients.</p>

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		<p><b>Individual guided self-help</b> for people with GAD should: include written or electronic materials of a suitable reading age (or alternative media) be supported by a trained practitioner, who facilitates the self-help programme and reviews progress and outcome usually consist of five to seven weekly or fortnightly face-to-face or telephone sessions, each lasting 20–30 minutes.</p> <p><b>Psychoeducational groups</b> for people with GAD should: be based on CBT principles, have an interactive design and encourage observational learning include presentations and self-help manuals be conducted by trained practitioners have a ratio of one therapist to about 12 participants usually consist of six weekly sessions, each lasting 2 hours.</p>		
What is the role of supported self-help in treatment of adults with Social anxiety disorder?	NA	<p>For adults who decline CBT and wish to consider another psychological intervention, offer CBT-based supported self-help.</p> <p>Supported self-help for social anxiety disorder should consist of:</p>	UK, NICE, 2013	16 trials evaluated self-help with or without support (1,154 participants) and were included in the analysis.

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		<p>typically up to 9 sessions of supported use of a CBT-based self-help book over 3–4 months</p> <p>support to use the materials, either face to face or by telephone, for a total of 3 hours over the course of the treatment.</p>		
<p>What is the role of mindfulness-based interventions or supportive therapy in treatment of social anxiety disorder?</p>	<p>NA</p>	<p>Do not routinely offer mindfulness-based interventions or supportive therapy to treat social anxiety disorder.</p>	<p>UK, NICE, 2013</p>	<p>3 trials included mindfulness training (64 participants in training) with exercise and group CBT.</p>
<p>What effects and costs are associated with computer-based CBT in treating adult patients with anxiety disorders or depression?</p>	<p>C</p>	<p>There is limited scientific evidence (Evidence Grade 3) indicating that computer-based CBT has favorable, short-term effects on symptoms in the treatment of panic disorder, social phobia, and depression.</p> <p>The scientific evidence is insufficient* to assess the effects of treatment on obsessive-compulsive disorder and mixed anxiety/depression.</p>	<p>SBU, Ruotsi, 2007</p>	<p>Anxiety: 7 RCT studies</p> <p>Depression: 4 RCT studies</p> <p>Mixed anxiety/depression: 1 RCT study</p>