Data supplement Details of the studies included in the review

Study	Participants	Acute-phase interventions	Continuation interventions	Follow-up	Definition of response
Azhar (2000)	Diagnosis: DSM–IV panic disorder (percentage with agoraphobia unspecified) Age: mean=31.4–31.7 years Gender: men and women	9 weeks 1. fluvoxamine (mean=64 mg/day)+CBT (9 weekly sessions) 2. fluvoxamine alone (mean=154 mg/day) 3. CBT alone	None	None	⩾50% reduction in panic attack frequency
Barlow et al (2000)	Diagnosis: DSM–III–R panic disorder with mild to no agoraphobia Age: mean=34.1 to 37.8 years Gender: 62% women	12 weeks 1. imipramine (mean=214 to 239 mg/day by week 12)+CBT (11 sessions in 3 months) 2. imipramine alone 3. CBT alone 4. CBT+placebo 5. placebo alone (not used in the present meta-analysis)	6 months of monthly appointments	At 6 months after treatment discontinuation, 33% of the original cohort were successfully followed up Interventions after trial discontinuation: described as 'no treatment', but further details are lacking	⩾40% reduction on PDSS; 'much improved' or better on CGI Improvement sub-scale and 'mild' or less on CGI Severity sub-scale
Berger et al (2004)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (81% with agoraphobia) Age: mean=33.9 years Gender: 66% women	20 weeks 1. paroxetine (mean=31 mg/day, range=10–60 mg/day)+cognitive–interpersonal group therapy (2 individual sessions +20 weekly group sessions, including elements of CBT and interpersonal therapy) 2. paroxetine alone	None	At 24 weeks (i.e. at the end of tapering) 50% of the original cohort were successfully followed up	Much or very much improved on CGI
de Beurs (1995)	Diagnosis: DSM–III–R panic disorder with moderate to severe agoraphobia Age: mean=38.8 years Gender: 75% women	12 weeks 1. fluvoxamine (100–150 mg/day)+exposure (12 weekly sessions) 2. exposure alone 3. placebo+exposure 4. psychological panic management plus exposure (not used in the present meta-analysis)	None	At 24 months after trial termination, 74% of the cohort were successfully followed up Interventions after trial discontinuation: 77% received additional treatment, equally divided across four arms	⩾50% reduction in FQ–Ag sub-scale score
Fahy et al (1992)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (42% with moderate or severe agoraphobia) Age: mean=33.6 to 37.8 years Gender: 65% women	6 weeks 1. clomipramine (100 mg/day) or lofepramine (140 mg/day)+CBT (six 1-hour sessions over 8 weeks) 2. placebo+CBT	None	None	⩾40% reduction in CGI score
Fava et al (1997)	Diagnosis: DSM–IV panic disorder with agoraphobia Age: mean=29.8 years Gender: 52% women	8 weeks 1. imipramine (mean=72 mg/day)+behavioural therapy (eight 45-minute sessions) 2. behavioural therapy alone 3. behavioural therapy plus cognitive therapy (not used in the present meta-analysis)	None	At 24 months after acute-phase treatment, 57% of the cohort were successfully followed up Interventions after trial discontinuation: those who failed to respond received a further 16 weeks of exposure with or without imipramine treatments	Panic-free for 1 month and score of 1 or 2 on Clinical Interview for Depression – Agoraphobia sub-scale

(continued)

Study	Participants	Acute-phase interventions	Continuation interventions	Follow-up	Definition of response
Johnston *et al* (1995)	Diagnosis: DSM–III agoraphobia Age: mean=37 years Gender: 100% women	17 weeks 1. clomipramine (mean=95 mg/day)+behavioural therapy (twice weekly for 8 weeks) 2. clomipramine alone 3. placebo+behavioural therapy 4. placebo alone	12 weeks on clomipramine or placebo only; no psychological intervention	None	⩾50% reduction in FQ–Ag sub-scale score
Kampman *et al* (2002)	Diagnosis: DSM–IV panic disorder with or without agoraphobia (percentage with agoraphobia unspecified) Age: range 18–65 years Gender: unspecified	8 weeks 1. paroxetine (40 mg/day)+CBT (4 sessions over 8 weeks) 2. placebo+CBT	None	None	⩾30% improvement in panic attack frequency, and on Agoraphobic Cognitions Questionnaire and Anxiety Discomfort Scale
Loerch *et al* (1999)	Diagnosis: DSM–III–R panic disorder with agoraphobia Age: mean=35.1 years Gender: 75% women	8 weeks 1. moclobemide (mean=551 mg/day)+CBT (nine 50-minute individual sessions+two 6-hour therapist-aided exposure sessions) 2. moclobemide+clinical management 3. placebo+CBT 4. placebo+clinical management (not used in the present meta-analysis)	None	At 6 months after treatment discontinuation 67% of the cohort were successfully followed up Interventions after trial discontinuation: 70% received at least some treatment after discontinuing moclobemide	Much or very much improved on CGI Improvement sub-scale
Marks *et al* (1983)	Diagnosis: approximately DSM–III agoraphobia (96% had spontaneous panic attacks) Age: mean=34 years Gender: 84% women	14 weeks 1. imipramine (mean=124–158 mg/day)+behavioural therapy (six twice-weekly 1-hour sessions; self-exposure+ therapist-guided exposure or self-exposure+relaxation) 2. placebo+behavioural therapy	14 weeks	At 6 months and at 18 months after treatment discontinuation, 63% and 56% of the cohort respectively were successfully followed up Interventions after trial discontinuation: 47% received some treatment (antidepressant, benzodiazepine, therapist-aided exposure)	⩾2 points reduction in total phobic targets
Mavissakalian *et al* (1983)	Diagnosis: DSM–III agoraphobia (patients' average score was 5.5 on a 0–8 point scale of panic severity) Age: mean=33.5 years Gender: 100% women	12 weeks 1. imipramine (mean=125 mg/day)+programmed practice (self-directed *in-vivo* graded exposure with behavioural diary, eight 1-hour sessions) 2. imipramine+anti-exposure instruction	None	None	⩾50% reduction in self-rated severity of phobia
Mavissakalian & Michelson (1986)[1]	Diagnosis: DSM–III agoraphobia with panic attacks Age: mean=36.5 years Gender: 84% women	12 weeks 1. imipramine (mean=130 mg/day)+programmed practice (self-directed *in-vivo* graded exposure, 12 90-minute group sessions) 2. placebo+programmed practice	None	At 6 months and 24 months after acute-phase treatment, 50% and 63% respectively were successfully followed up Interventions after trial discontinuation: 30% received interim treatment (individual therapy, group therapy, anxiolytics, antidepressants)	⩾50% reduction in self-rated severity of phobia

Data supplement *(continued)*

Study	Participants	Acute-phase interventions	Continuation interventions	Follow-up	Definition of response
Mavissakalian & Michelson (1986)[2]	Diagnosis: DSM–III agoraphobia with panic attacks Age: mean=36.5 years Gender: 84% women	12 weeks 1. imipramine (mean=130 mg/day)+programmed practice (self-directed *in-vivo* graded exposure)+flooding (12 90-minute group sessions) 2. placebo+programmed practice+flooding	None	At 6 months and 12 months after acute-phase treatment, 63% and 55% respectively were successfully followed up Interventions after trial discontinuation: 30% received interim treatment (individual therapy, group therapy, anxiolytics, antidepressants)	⩾50% reduction in self-rated severity of phobia
Oehrberg *et al* (1995)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (64% reported moderate to severe agoraphobia) Age: mean=37.4 years Gender: 76% women	12 weeks 1. paroxetine (40–60 mg/day)+CBT (details not given) 2. placebo+CBT	None	None	⩾50% reduction in panic attack frequency
Sharp *et al* (1996)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (most had at least some agoraphobia) Age: mean=33.2–38.8 years Gender: 78% women	12 weeks 1. fluvoxamine (100–150 mg/day)+CBT (12 sessions) 2. fluvoxamine alone 3. CBT alone 4. CBT+placebo 5. placebo alone	None	At 6 months after treatment discontinuation, 79% were successfully followed up Interventions after trial discontinuation: patients were required not to receive any psychotropic drugs or psychotherapies, but at least 33% received further treatment	Very much or much improved on CGI Change sub-scale
Sheehan *et al* (1980)[1]	Diagnosis: authors' own criteria, very similar to DSM–IV panic disorder with agoraphobia Age: mean=37.1 years Gender: 82% women	12 weeks 1. imipramine (150 mg/day)+group behavioural therapy (1-hour supportive group therapy every 2 weeks for 3 months; patients were encouraged to gradually reapproach phobic situations and objects, and were rewarded emotionally when they did so) 2. placebo+group behavioural therapy	None	None	Partial or marked improvement on Symptom Severity and Avoidance Scale
Sheehan *et al* (1980)[2]	Diagnosis: authors' own criteria, very similar to DSM–IV panic disorder with agoraphobia Age: mean=37.1 years Gender: 82% women	12 weeks 1. phenelzine (45 mg/day)+group behavioural therapy (1-hour supportive group therapy every 2 weeks for 3 months; patients were encouraged to gradually reapproach phobic situations and objects, and were rewarded emotionally when they did so) 2. placebo+group behavioural therapy	None	None	Partial or marked improvement on Symptom Severity and Avoidance Scale

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Study	Participants	Acute-phase interventions	Continuation interventions	Follow-up	Definition of response
Spinhoven *et al* (1996)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (85% with agoraphobia) Age: mean=35.6 years Gender: 57% women	6 weeks 1. trazodone (mean=178 mg/day) +CBT (breathing retraining, pro-gressive relaxation, catastrophic cognitions, voluntary hyperventilation, but no *in-vivo* exposure; 6 sessions) 2. trazodone alone 3. CBT alone	None	None	⩾50% reduction in agoraphobic avoidance
Stein *et al* (2000)	Diagnosis: DSM–IV panic disorder with or without agoraphobia (most had at least some agoraphobia) Age: mean=33.8 years Gender: 73% women	10 weeks 1. paroxetine (mean=32.4 mg/day) +CBT (2 sessions only, using self-help book, relaxation tape, cognitive restructuring, breathing control and graded exposure) 2. placebo+CBT	None	None	Much or very much improved on CGI Improvement sub-scale
Telch *et al* (1985)	Diagnosis: DSM–III agora-phobia with panic attacks Age: mean=41.5 years Gender: 92% women	8 weeks 1. imipramine (*c.* 180 mg/day)+ behavioural therapy (three 3-hour group sessions+three 1.5-hour individual sessions) 2. imipramine (with anti-exposure) 3. placebo+behavioural therapy	18 weeks	None	⩾50% reduction in FQ–Ag sub-scale score
Wiborg & Dahl (1996)	Diagnosis: DSM–III–R panic disorder with or without agoraphobia (80% with agoraphobia) Age: mean=31.7 years Gender: 58% women	12–15 weeks 1. clomipramine (mean=108–113 mg/day)+psychodynamic psychotherapy (15 weekly brief dynamic psychotherapy sessions, without encouraging exposure) 2. clomipramine alone	33–36 weeks	At 9 months after treatment discontinuation, 100% follow-up was achieved Interventions after trial disconti-nuation: of 20 patients in the first arm, 4 took effective medication; of 20 patients in the second arm, 14 took effective medication and 4 received psychological treatment	⩾40% reduction in Patient Status Scale score
Zitrin *et al* (1980)	Diagnosis: 'agoraphobia' with 'spontaneous panic' Age: mean=35.6 years Gender: 100% women	14 weeks 1. imipramine (*c.* 200 mg/day)+ behavioural therapy (group *in-vivo* exposure, ten 3- to 4-hour sessions) 2. placebo+behavioural therapy	12 weeks	None	Moderate to marked improvement on CGI Change sub-scale
Zitrin *et al* (1983)	Diagnosis: authors' own criteria, similar to DSM–III agoraphobia with panic attacks or DSM–IV panic disorder with moderate to severe agoraphobia Age: mean=35.5 years Gender: 65% women	26 weeks 1. imipramine (mean=204 mg/day) +supportive therapy (dynamically oriented and non-directive)+ behavioural therapy (26 45-minute sessions including relaxation training, imaginary desensitisation, *in-vivo* desensitisation and assertiveness training) 2. imipramine+supportive therapy 3. placebo+supportive therapy+ behavioural therapy	None	At 24 months after treatment discontinuation, 59% were successfully followed up Interventions after trial discontinuation: not specified	Moderate to marked improvement on CGI Change sub-scale

CBT, cognitive–behavioural therapy; PDSS, Panic Disorder Severity Scale; CGI, Clinical Global Impression; FQ–Ag, Fear Questionnaire – Agoraphobia sub-scale.
1. Comparison A of two from this study.
2. Comparison B of two from this study.