Reviewer’s report

Title: Clinical and economic outcomes of remotely delivered cognitive behaviour therapy versus treatment as usual for repeat unscheduled care users with severe health anxiety: a multi-centre randomised controlled trial

Version: 0 Date: 14 Nov 2018

Reviewer: Jill M. Newby

Reviewers report:

This paper describes a randomised controlled trial comparing remote-delivered cognitive behavioural therapy (RCBT) for health anxiety versus usual care, demonstrating superiority of RCBT over TAU at 6-and 12-months follow-up for health anxiety severity and comorbid anxiety and depression symptoms. The paper is well-written, timely, important and interesting. It provides an interesting and useful extension to the CHAMP study, and the findings suggest remote delivered CBT is efficacious and acceptable for people with health anxiety. It addresses an important, underserved community of high health service utilisers and highly health anxious individuals, who commonly seek help from medical rather than psychiatric or psychological services. The study is well designed and thoughtfully conducted.

1. I had a query regarding the outcomes at the 3-month follow-up assessment. The results in Table 2 suggest that there were very minimal differences between the RCBT group and TAU group at 3-months follow-up, which is surprising given other studies of remote internet treatment show large differences at the 3-month time-point (e.g., Hedman et al. studies of internet CBT for Illness Anxiety Disorder and Somatic Symptom Disorder). While it is difficult to compare across health care contexts and different CBT interventions, it raises interesting questions about the key drivers of the improvements (In both groups). What, if any, intervention was delivered at, or after the 3-month follow-up assessment? Were additional referrals made to non-responders of the RCBT group? Why do you see different patterns of results after that time-point, and is it possible that the superior effects in the RCBT group at 6-months were due to other concurrent treatments? It would be useful to consider an explanation for those findings in the discussion.

2. What did the TAU group entail? What proportion of the participants in the TAU group sought and received additional psychological treatment services through IAPT or other psychological/psychiatric services? Have the authors considered that additional psychological treatment within existing health services contributed to the gains made in both groups?
3. There is variability in the literature regarding the use of the 14-item and 18-item Short Health Anxiety Inventory (SHAI). It would be useful if it was made clearer throughout that the primary outcome measure was the 14-item SHAI.

4. Given the qualitative data was not presented in this study for both groups, it would be useful to omit it, or include the qualitative data for both groups (not just the TAU group).

5. The authors make the conclusion (p15) that the higher rates of recruitment compared to previous studies were due to recruitment methods/non-stigmatising explanation. However, it is highly possible that the higher rates of recruitment were due to the accessibility and convenience of the intervention.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Acceptable

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I am affiliated with This Way Up (www.thiswayup.org.au) which delivers remote, internet-delivered cognitive behaviour therapy for health anxiety to the community. I do not receive any reimbursements, or salary from This Way Up.

I declare I have no other competing interests.

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