

3. Methodology

The methodology used is covered in the *CPG preparation manual* from the Ministry of Healthcare and Consumption ¹.

The steps that were followed were:

- Creation of the group to create the guideline, made up of professionals from: Primary Care (general practitioners, nurses, social workers), Specialized Attention (psychiatrists, psychologists, and nurses), and technicians from the Health Technology Assessment Unit (UETS). A patient with an anxiety disorder also participated in the preparation of this guideline as part of the guideline development group, from the initial work phases.
- Formation of a sub-group, with members from the Guideline development group, to prepare information aimed at the patients.
- Definition of the guide's scope and objectives, including the social view of the illness using qualitative research techniques. Different healthcare professionals were contacted (Primary Care doctors and Specialized Care doctors) and with the help of a questionnaire, the resources of participant observation, and in-depth interviews, information was gathered on the social, demographic, and health conditions, in addition to the healthcare path and treatment of patients with anxiety disorders who were treated by those professionals. A discussion group was also formed with anxiety disorder patients who voluntarily participated to openly express their interests in the treatment of their illnesses.
- Formulation of clinical questions following the Patient/Intervention/Comparison/Outcome format (PICO).
- Bibliographic search in: Medline, Embase, Pascal Biomed, CINAHL, Cochrane Plus, DARE, HTA, Clinical Evidence, INAHTA, NHS EED, CINDOC. Languages: Spanish, English, and French. Study population: adults. Publication year limitation: only for primary studies. First a search was done to locate practical clinical guides (CPGs) and their quality was evaluated using the AGREE instrument. Three CPGs were included as secondary source of evidence in response to specific sections of the guideline (treatment, information/communication with the patient, and diagnostic and therapeutic strategies). In phase two, a search was done for systematic revisions, meta-analyses, and evaluation reports in the databases mentioned earlier. In phase three, an expanded search was done on primary studies (clinical tests, observational studies, diagnostic and prognostic test studies).
- Evaluation of the quality of the studies and summary of the evidence for each question following the recommendations of SIGN (Scottish Intercollegiate Guidelines Network).
- Formulation of recommendations based on SIGN's "formal evaluation" or "reasoned judgment". Controversial recommendations or those lacking evidence were resolved by consensus of the creation group.
- The guideline was reviewed externally by a group of professionals selected for their knowledge on the methodology of preparing guides, the pathology covered, and the scope of application. The different Scientific Societies involved were contacted: Spanish Family and Community Medicine Society (SEMFYC), Spanish Society of Primary Care Physicians (SEMERGEN), Madrid Society for Family and Community Medicine (SoMaMFYC), Spanish Psychiatry Society (SEP), Spanish Neuro-psychiatry Association (AEN) and the Spanish Union of Scientific Nursing Societies (UESCE). In the case of patient participation, the Spanish Confederation of Family Groups and People with Mental Illnesses

(FEAFES), the Madrid Federation of Mental Health Associations (FEMASAN), and the Madrid Panic and Agoraphobia Association (AMADAG). All of these societies were represented either as members of the guideline development group or as external reviewers.

- The material that provides the detailed information on the methodology applied to prepare the CPG (description of the techniques used in the qualitative research, the search strategy for each clinical question, guideline table) is available at www.guiasalud.es.

Updates to the Guideline

The UETS, which is responsible for publishing the Guideline, will also be in charge of updating it within 3 to 5 years, or earlier, depending on the new evidence that becomes available. This update will be done by adding the updated bibliographic searches and will focus especially on the aspects in which recommendations may undergo significant modifications.