Supplementary Online Content

Wang Z, Whiteside SPH, Sim L, et al. Comparative effectiveness and safety of cognitive behavioral therapy and pharmacotherapy for childhood anxiety disorders: a systematic review and meta-analysis. *JAMA Pediatr*. Published online August 31, 2017. doi:10.1001/jamapediatrics.2017.3036

This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix. Search strategy

Ovid

Database(s): Embase 1988 to 2017 Week 05, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1946 to Present, PsycINFO 1806 to January Week 4 2017, EBM Reviews - Cochrane Central Register of Controlled Trials November 2016, EBM Reviews - Cochrane Database of Systematic Reviews 2005 to January 25, 2017

Search Strategy:

#	Searches	Results
1	Anxiety Disorders/dh, dt, su, th	9492
2	anxiety disorder/dm, dt, rt, su, th [Disease Management, Drug Therapy, Radiotherapy, Surgery, Therapy]	13722
3	exp Panic Disorder/dt, su, th [Drug Therapy, Surgery, Therapy]	7765
4	exp panic/dm, dt, su, th [Disease Management, Drug Therapy, Surgery, Therapy]	5422
5	exp Phobic Disorders/dh, dt, su, th [Diet Therapy, Drug Therapy, Surgery, Therapy]	3954
6	exp phobia/dm, dt, su, th [Disease Management, Drug Therapy, Surgery, Therapy]	5441
7	exp Anxiety, Separation/dt, th [Drug Therapy, Therapy]	724
8	exp separation anxiety/dm, dt, th [Disease Management, Drug Therapy, Therapy]	425
9	exp generalized anxiety disorder/dm, dt, su, th [Disease Management, Drug Therapy, Surgery, Therapy]	2415
10	((("social anxiet*" or "generalized anxiet*" or overanxious) adj3 (disorder* or neuroses or neurosis or neurotic or phobia* or phobic)) or ((anxiety or anxieties) adj3 (disorder* or neuroses or neurosis or neurotic)) or (panic adj3 (disorder* or attack*)) or Acrophobia* or agoraphobia* or claustrophobia* or homophobia* or neophobia* or Ophidiophobia* or phobia* or phobic or "separation anxiet*" or xenophobia*).mp.	244817
11	exp Psychotherapy/	569654
12	exp Electroconvulsive Shock Therapy/	20518
13	exp Electroconvulsive Therapy/	27336
14	exp brain depth stimulation/	30937
15	exp Deep Brain Stimulation/	39654
16	exp transcranial magnetic stimulation/	34619
17	exp Vagus Nerve/	40508
18	exp Vagus Nerve Stimulation/	9498
19	exp electrostimulation therapy/	181773
20	exp Electric Stimulation Therapy/	254786
21	exp electrical brain stimulation/	38192
22	exp alternative medicine/	268544
23	exp phototherapy/	102362
24	exp kinesiotherapy/	58263
25	exp Exercise Therapy/	105637
26	exp Exercise/	459889
27	exp yoga/	9351
28	exp complementary therapies/	261302
29	exp alternative medicine/	268544
30	exp Combined Modality Therapy/	300497
31	((brain adj2 excitation) or (brain adj2 stimulat*) or "12 step program*" or abreaction or acupressure* or acupuncture or "age regression" or agent* or "alternative medicine" or aromatherap* or Aromatherapy or auriculotherap* or "Balint group*" or "behavior contracting" or "behavior modification" or bibliotherapy or biofeedback or "breathing exercise*" or catharsis or chemotherap* or Chronotherapy or "cognitive rehabilitation" or "cognitive restructuring" or "combined modalit*" or "complementary medicine*" or "consciousness raising" or "contingency management" or cotherap* or counseling or countercondition* or Countertransference or "crisis intervention*" or Desensitization or drug* or "electric stimulat*" or "electrical stimulat*" or Electroacupuncture or electrosleep or electrostimulat* or electrotherap* or "empty chair" or	29404851

	exercise or fading or "fatty acid*" or "flower remed*" or "free association*" or gestalt or "group development" or "group dynamics" or "group intervention*" or heliotherap* or holistic or homeopathy or "human potential*" or humanis* or hypnosis or Hypnotherapy or imagery or intervention* or kinesiotherap* or kinesitherap* or Logotherapy or manag* or massage or medication* or "mental healing" or microbicid* or "mind-body" or neurofeedback or neurosurger* or operat* or overcorrection or "paradoxical technique*" or pharmacotherap* or phototherap* or phytotherap* or prevent* or Psychoanaly* or psychodrama or psychodrama* or psychotherap* or Psychotherapeutic* or radiotherap* or reflexotherap* or relaxation or resect* or "response cost" or "role play*" or "role playing" or "sensory feedback" or sociotherapy or spiritual* or "stress management" or suggestion* or "support group*" or surg* or "tai ji" or therap* or "therapeutic communit*" or "therapeutic touch*" or therapies or therapy or timeout* or training or "Transactional Analysis" or "transcranial magnetic stimulat*" or transference or treat* or treatment* or "twelve step program*" or "vagal nerve" or "vagal stimulat*" or "vagus nerve" or "vagus stimulat*" or yoga).mp.	
32	or/11-31	29519244
33	10 and 32	168615
34	or/1-9	37562
35	33 or 34	170412
36	limit 35 to "all child (0 to 18 years)" [Limit not valid in Embase,PsycINFO,CCTR,CDSR; records were retained]	140150
37	limit 36 to (childhood or adolescence <13 to 17 years>) [Limit not valid in Embase,Ovid MEDLINE(R),Ovid MEDLINE(R) In-Process,CCTR,CDSR; records were retained]	104599
38	limit 37 to (preschool child <1 to 6 years> or school child <7 to 12 years> or adolescent <13 to 17 years>) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) In-Process,PsycINFO,CCTR,CDSR; records were retained]	34306
39	(toddler* or child* or adolescent* or paediatric* or pediatric* or girl or girls or boy or boys or teen or teens or teenager* or preschooler* or "pre-schooler*" or preteen or preteens or "pre-teen" or "pre-teens" or youth or youths).mp.	6640078
40	35 and 39	41617
41	from 38 keep 1-26193	26193
42	40 or 41	42800
43	exp meta analysis/	234764
44	exp Meta-Analysis as Topic/	53463
45	exp "systematic review"/	153050
46	((meta adj analys*) or (systematic* adj3 review*)).mp,pt.	550689
47	43 or 44 or 45 or 46	550689
48	exp controlled study/	5658493
49	exp Randomized Controlled Trial/	905465
50	exp triple blind procedure/	204
51	exp Double-Blind Method/	390501
52	exp Single-Blind Method/	68129
53	exp latin square design/	570
54	((control* adj3 study) or (control* adj3 trial) or (randomized adj3 study) or (randomized adj3 trial) or (randomised adj3 study) or (randomised adj3 trial) or "pragmatic clinical trial" or (doubl* adj blind*) or (doubl* adj mask*) or (singl* adj blind*) or (singl* adj mask*) or (tripl* adj blind*) or (tripl* adj mask*) or (trebl* adj blind*) or (trebl* adj mask*) or "latin square").mp,pt.	7148487
55	or/48-54	7148556
56	controlled study/	5390344
57	exp comparative study/	2718783
58	exp Cross-Sectional Studies/	447921
59	exp Cohort Studies/	2043883
60	exp longitudinal study/	327400
61	exp retrospective study/	1141189
62	exp prospective study/	905077

63	exp population research/	90005
64	exp observational study/	158991
65	clinical study/	223234
66	exp Evaluation Studies/	259715
67	exp quantitative study/	59289
68	exp validation studies/	146273
69	exp quasi experimental study/	4492
70	exp field study/	10921
71	in vivo study/	265314
72	exp panel study/	1232
73	exp prevention study/	6709
74	exp replication study/	2630
75	exp Feasibility Studies/	137033
76	exp trend study/	19095
77	exp correlational study/	24732
78	exp case-control studies/	978796
79	exp confidence interval/	320632
80	exp regression analysis/	902411
81	exp proportional hazards model/	170815
82	((control* adj3 study) or "comparative study" or "comparative survey" or "comparative analysis" or "cross-sectional study" or "cross-sectional analysis" or "cross-sectional survey" or "cross-sectional design" or "prevalence study" or "prevalence analysis" or "prevalence survey" or "disease frequency study" or "disease frequency analysis" or "disease frequency survey" or cohort* or longitudinal* or retrospectiv* or prospectiv* or (population adj3 (stud* or survey* or analys* or research)) or (("follow-up" or followup) adj (stud* or survey or analysis)) or ((observation or observational) adj (study or survey or analysis)) or "clinical study" or "evaluation study" or "evaluation survey" or "evaluation analysis" or "quantitative study" or "quantitative analys*" or "numerical study" or "validation study" or "validation survey" or "validation analysis" or "quasi experimental study" or "quasi experimental analysis" or "quasiexperimental study" or "quasiexperimental analysis" or "field study" or "field survey" or "field analysis" or "in vivo study" or "in vivo analysis" or "panel study" or "panel survey" or "panel analysis" or ((prevention or preventive) adj3 (trial or study or analysis or survey)) or "replication study" or "replication analysis " or "replication trial" or "feasibility study" or "feasibility analysis" or "trend study" or "trend survey" or "trend analysis" or ((correlation* adj2 study) or (correlation* adj2 analys*)) or "case control study" or "case base study" or "case referrent study" or "case referent study" or "case referent study" or "case compeer study" or "case comparison study" or "matched case control" or "confidence interval" or "regression analysis" or "least square" or "least squares" or (hazard* adj (model or analys* or regression or ratio or ratios)) or "Cox model" or "Cox multivariate analyses" or "Cox multivariate analysis" or "Cox regression" or "Cox survival analyses" or "Cox survival analysis" or "Cox survival model" or ((study or trial or random* or control*) and compar*)).mp,pt.	17278574
83	or/56-82	17643418
84	47 or 55 or 83	18237284
85	42 and 84	22522
86	from 42 keep 16973-28898	11926
87	limit 86 to (clinical study or clinical trial, all or clinical trial, phase i or clinical trial, phase ii or clinical trial, phase iii or clinical trial, phase iv or clinical trial or controlled clinical trial or multicenter study or observational study or randomized controlled trial or pragmatic clinical trial or comparative study or controlled clinical trial or evaluation studies or meta analysis or multicenter study or observational study or randomized controlled trial or pragmatic clinical trial or systematic reviews or validation studies) [Limit not valid in Embase,PsycINFO,CCTR,CDSR; records were retained]	3206
88	85 or 87	22732
89	limit 88 to (editorial or erratum or letter or note or addresses or autobiography or bibliography or biography or blogs or comment or dictionary or directory or interactive tutorial or interview or	548

	lectures or legal cases or legislation or news or newspaper article or overall or patient education handout or periodical index or portraits or published erratum or video-audio media or webcasts) [Limit not valid in Embase,Ovid MEDLINE(R),Ovid MEDLINE(R) In-Process,PsycINFO,CCTR,CDSR; records were retained]	
90	from 89 keep 1-234	234
91	88 not 90	22498
92	limit 91 to yr="2015 -Current"	4188
93	remove duplicates from 92	2858
94	limit 91 to yr="2012-2014"	5471
95	remove duplicates from 94	3662
96	limit 91 to yr="2008-2011"	4733
97	remove duplicates from 96	3267
98	limit 91 to yr="2001 -2007"	4836
99	remove duplicates from 98	3351
100	limit 91 to yr="1806 -2000"	3250
101	remove duplicates from 100	2276
102	93 or 95 or 97 or 99 or 101	15414

Scopus

TITLE-ABS-KEY((("social anxiet*" or "generalized anxiet*" or overanxious) W/3 (disorder* or neuroses or neurosis or neurotic or phobia* or phobic)) OR ((anxiety or anxieties) W/3 (disorder* or neuroses or neurosis or neurotic)) OR (panic W/3 (disorder* or attack*)) OR Acrophobia* OR agoraphobia* OR claustrophobia* OR homophobia* OR neophobia* OR Ophidiophobia* OR phobia* OR phobic OR "separation anxiet*" OR xenophobia*)

TITLE-ABS-KEY((brain W/2 excitation) or (brain W/2 stimulat*) or "12 step program*" or abreaction or acupressure* or acupuncture or "age regression" or agent* or "alternative medicine" or aromatherap* or Aromatherapy or auriculotherap* or "Balint group*" or "behavior contracting" or "behavior modification" or bibliotherapy or biofeedback or "breathing exercise*" or catharsis or chemotherap* or Chronotherapy or "cognitive rehabilitation" or "cognitive restructuring" or "combined modalit*" or "complementary medicine*" or "consciousness raising" or "contingency management" or cotherap* or counseling or countercondition* or Countertransference or "crisis intervention*" or Desensitization or drug* or "electric stimulat*" or "electrical stimulat*" or Electroacupuncture or electrosleep or electrostimulat* or electrotherap* or "empty chair" or exercise or fading or "fatty acid*" or "flower remed*" or "free association*" or gestalt or "group development" or "group dynamics" or "group intervention*" or heliotherap* or holistic or homeopathy or "human potential*" or humanis* or hypnosis or Hypnotherapy or imagery or intervention* or kinesiotherap* or kinesitherap* or Logotherapy or manag* or massage or medication* or "mental healing" or microbicid* or "mind-body" or neurofeedback or neurosurger* or operat* or overcorrection or "paradoxical technique*" or pharmacotherap* or phototherap* or phytotherap* or prevent* or Psychoanaly* or psychodrama or psychodrama* or psychotherap* or Psychotherapeutic* or radiotherap* or reflexotherap* or relaxation or resect* or "response cost" or "role play*" or "role playing" or "sensory feedback" or sociotherapy or spiritual* or "stress management" or suggestion* or "support group*" or surg* or "tai ji" or therap* or "therapeutic communit*" or "therapeutic touch*" or therapies or therapy or timeout* or training or "Transactional Analysis" or "transcranial magnetic stimulat*" or transference or treat* or treatment* or "twelve step program*" or "vagal nerve" or "vagal stimulat*" or "vagus nerve" or "vagus stimulat*" or yoga)

TITLE-ABS-KEY(newborn* or neonat* or infant* or toddler* or child* or adolescent* or paediatric* or pediatric* or girl or girls or boy or boys or teen or teens or teenager* or preschooler* or "pre-schooler*" or preteen or preteens or "pre-teen" or "pre-teens" or youth or youths)

TITLE-ABS-KEY((meta W/1 analys*) OR (systematic* W/3 review*) OR guideline* OR (control* W/3 study) OR (control* W/3 trial) OR (randomized W/3 study) OR (randomized W/3 trial) OR (randomised W/3 study) OR (randomised W/3 trial) OR "pragmatic clinical trial" OR (doubl* W/1 blind*) OR (doubl* W/1 mask*) OR (singl* W/1 blind*) OR (singl* W/1 mask*) OR (tripl* W/1 blind*) OR (tripl* W/1 mask*) OR (trebl* W/1 blind*) OR (trebl* W/1 mask*) OR "latin square" OR placebo* OR nocebo*)

TITLE-ABS-KEY((control* W/3 study) OR "comparative study" OR "comparative survey" OR "comparative analysis" OR "cross-sectional study" OR "cross-sectional analysis" OR "cross-sectional survey" OR "cross-sectional design" OR "prevalence study" OR "prevalence analysis" OR "prevalence survey" OR "disease frequency study" OR "disease frequency analysis" OR "disease frequency survey" OR cohort* OR longitudinal* OR retrospectiv* OR prospectiv* OR (population W/3 (stud* or survey* or analys* or research)) OR (("follow-up" or followup) W/1 (stud* or survey or analysis)) OR ((observation or observational) W/1 (study or survey or analysis)) OR "clinical study" OR "evaluation study" OR "evaluation survey" OR "evaluation analysis" OR "quantitative study" OR "quantitative analys*" OR "numerical study" OR "validation study" OR "validation survey" OR "validation analysis" OR "quasi experimental study" OR "quasi experimental analysis" OR "quasiexperimental study" OR "quasiexperimental analysis" OR "field study" OR "field survey" OR "field analysis" OR "in vivo study" OR "in vivo analysis" OR "panel study" OR "panel survey" OR "panel analysis" OR ((prevention or preventive) W/3 (trial or study or analysis or survey)) OR "replication study" OR "replication analysis " OR "replication trial" OR "feasibility study" OR "feasibility analysis" OR "trend study" OR "trend survey" OR "trend analysis" OR ((correlation* W/2 study) OR (correlation* W/2 analys*)) OR "case control study" OR "case base study" OR "case referrent study" OR "case referent study" OR "case referent study" OR "case compeer study" OR "case comparison study" OR "matched case control" OR "confidence interval" OR "regression analysis" OR "least square" OR "least

squares" OR (hazard* W/1 (model OR analys* OR regression or ratio or ratios)) OR "Cox model" OR "Cox multivariate analyses" OR "Cox multivariate analysis" OR "Cox regression" OR "Cox survival analyses" OR "Cox survival analysis" OR "Cox survival model" OR ((study OR trial OR random* OR control*) AND compar*))
1 and 2 and 3 and (4 or 5)
DOCTYPE(le) OR DOCTYPE(ed) OR DOCTYPE(bk) OR DOCTYPE(er) OR DOCTYPE(no) OR DOCTYPE(sh)
6 and not 7
PMID(0*) OR PMID(1*) OR PMID(2*) OR PMID(3*) OR PMID(4*) OR PMID(5*) OR PMID(6*) OR PMID(7*) OR PMID(8*) OR PMID(9*)
8 and not 9

ClinicalTrials.Gov

Open Studies | anxiety OR overanxious OR phobia OR acrophobia OR agoraphobia OR claustrophobia OR homophobia OR neophobia OR ophidiophobia OR xenophobia | Child

Active, not recruiting | anxiety OR overanxious OR phobia OR acrophobia OR agoraphobia OR claustrophobia OR homophobia OR neophobia OR ophidiophobia OR xenophobia | Child

Enrolling by invitation | anxiety OR overanxious OR phobia OR acrophobia OR agoraphobia OR claustrophobia OR homophobia OR neophobia OR ophidiophobia OR xenophobia | Child

Health Canada

Any of these words: anxiety overanxious phobia acrophobia agoraphobia claustrophobia homophobia neophobia ophidiophobia xenophobia
All of these words: child
Any of these words: anxiety overanxious phobia acrophobia agoraphobia claustrophobia homophobia neophobia ophidiophobia xenophobia
All of these words: children
Any of these words: anxiety overanxious phobia acrophobia agoraphobia claustrophobia homophobia neophobia ophidiophobia xenophobia
All of these words: adolescent
Any of these words: anxiety overanxious phobia acrophobia agoraphobia claustrophobia homophobia neophobia ophidiophobia xenophobia
All of these words: teen

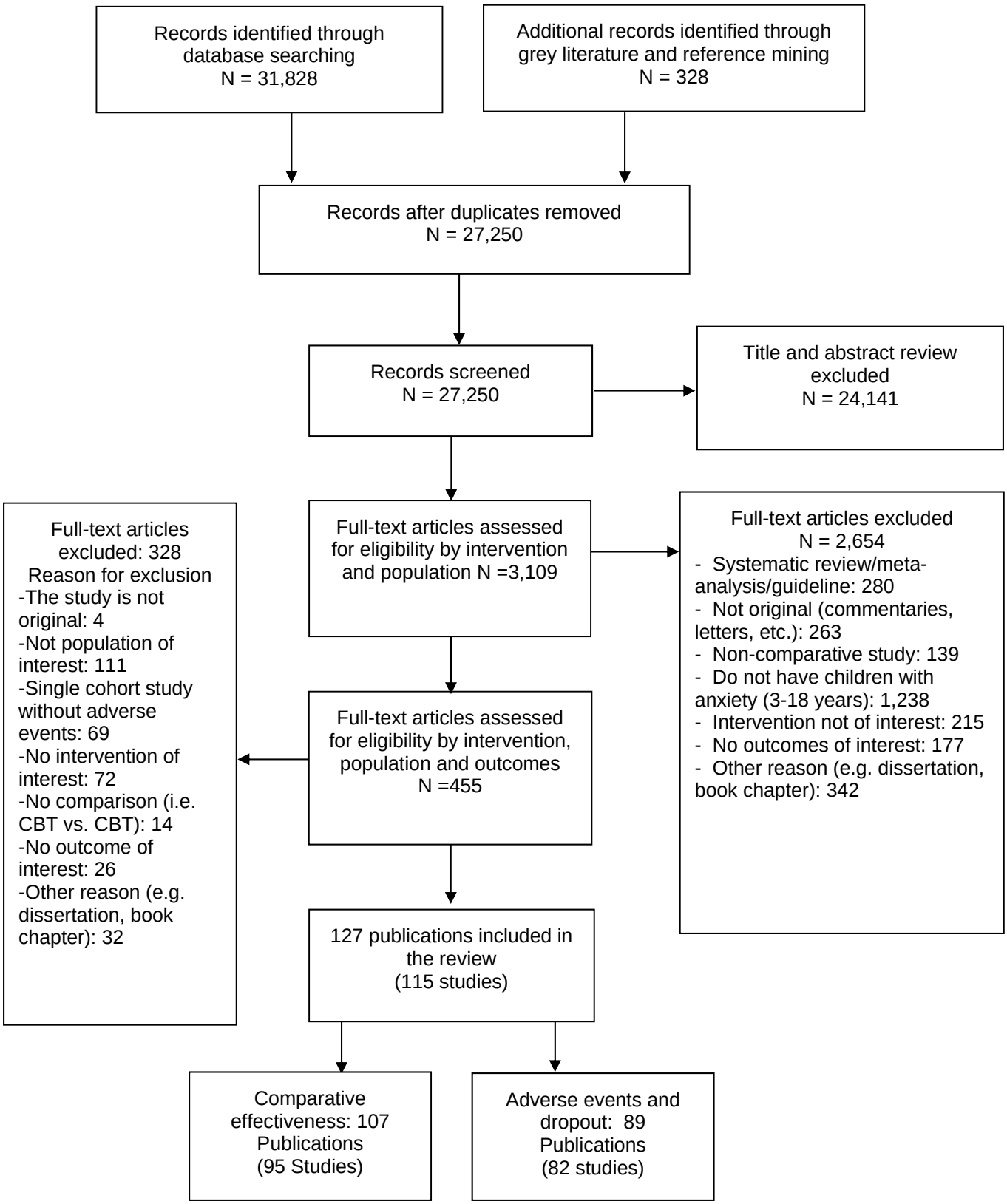
Medicines and Healthcare Products Regulatory Agency

Any of these words: anxiety overanxious phobia acrophobia agoraphobia claustrophobia homophobia neophobia ophidiophobia xenophobia

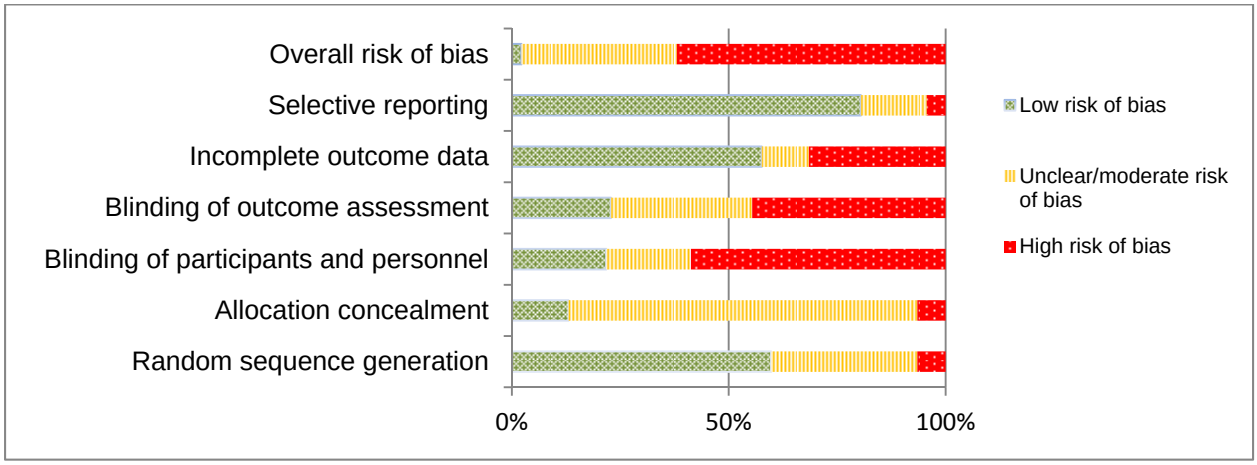
AHRQ's Horizon Scanning System

Anxiety OR overanxious OR phobia OR acrophobia OR agoraphobia OR claustrophobia OR homophobia OR neophobia OR ophidiophobia OR xenophobia

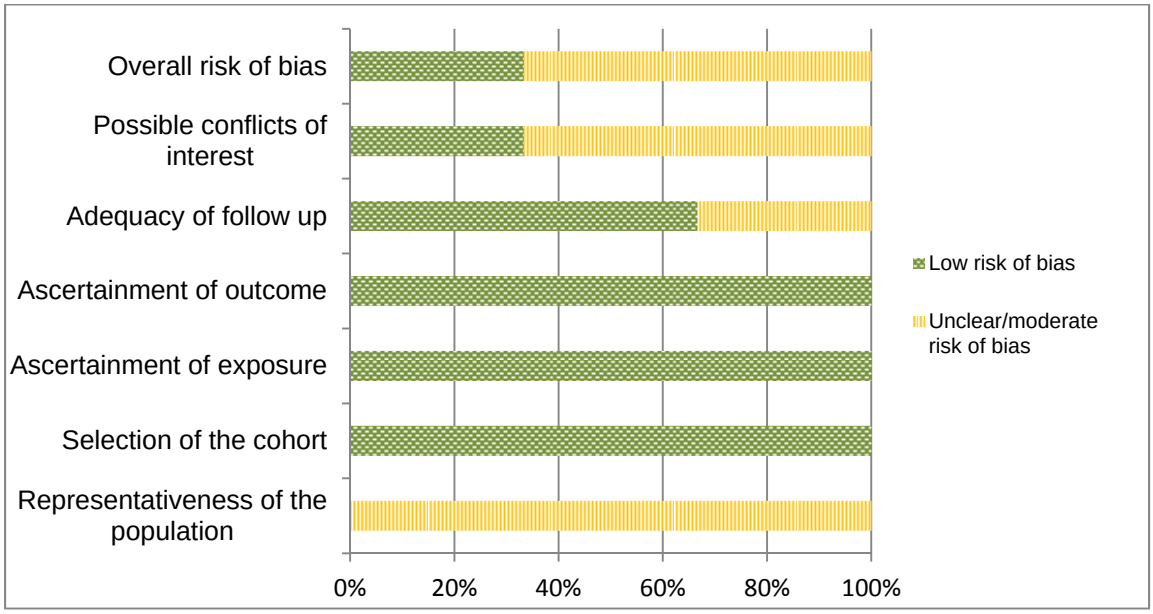
eFigure 1. Flow chart



eFigure 2. Risk of bias assessment for randomized control trials



eFigure 3. Risk of bias assessment for nonrandomized comparative studies



eTable 1. Characteristics of the included studies comparing medications vs pill placebo

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Abikoff, 2005 [1]	United States RCT Mental Health Clinic	Anxiety disorder	SSRI: Fluvoxamine (N=15)	Maximum of 300 mg in adolescents and 250 mg in children younger than 13 years of age.	Mean age: 10 (Range 6 – 17)	NR
			Control (N=10)	Pill Placebo		
Black, 1994 [2]	United States RCT Mental Health Clinic	GAD, SAD, SoP CGI>=6: NR	SSRI: Fluoxetine (N=6)	0.2 mg/kg for 1 week, then 0.4 mg/kg for 1 week, then 0.6 mg/kg for 10 weeks.	Mean age: 9.1 Male: 50%	0
			Control: (N=9)	Placebo syrup, 0.08 mL/kg/day for 2 weeks	Mean age: 8.1 Male: 33.3%	
Birmaher, 2003 [3]	United States RCT Mental Health Clinic	GAD, SAD, SoP, SP	SSRI: Fluoxetine (N=37)	Up to 200 mg per day for 12 weeks	Mean age: 11.6 Male : 46% Caucasian: 97.2%, Asian: 2.8% Low income: 27.6% ADHD: 5%, Depression: 5%, dysthymia: 8%, enuresis: 5%	52
			Control (N=37)	Pill Placebo	Mean age: 11.9 Male: 46% Caucasian: 95%, Asian: 5% ODD: 8%, enuresis:8, tics: 5%	
da Costa, 2013[4]	Brazil RCT	Mean CGI= 4.9	TCA: Clomipramine	Clomipramine 118.75 mg/ day average dose, 12	Mean age: 11.2 (range: 7-17) Males: 33%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	Mental Health Clinic		(N=9)	weeks	Lower class: 58.7% Upper/Middle class: 14.3%	
			SSRI: Fluoxetine (N=10)	SRI, SSRI, fluoxetine 35 mg/ day average dose for 12 weeks.	Mean age: 11.6 (range: 7-17) Males: 50% Lower class: 50% Upper/Middle class: 50%	
			Control (N=11)	Pill Placebo	Mean age: 11.4 (range: 7-17) Males: 54% Lower class: 45.4% Upper/Middle class: 45.4%	
Geller, 2007[5]	United States RCT Outpatient	Anxiety disorder	SNRI: Atomoxetine (N=87)		Mean age: 12.2 (Range 8 – 17) Male: 62% Caucasian: 77% ADHD: 100%	0
			Control (N=89)	Pill Placebo Patients completing 9th visit could participate in an open-label atomoxetine extension period.	Mean age: 11.8 (8 -17) Male: 67.4% Caucasian: 82% ADHD: 100%	
Gittelman-Klein, 1973[6]	United States RCT Outpatient	SP	TCA: Imipramine (N=19)	Up to 200mg/day for 6 weeks	Mean age: 10.8 (range: 6-14)	0
			Control (N=15)	Pill Placebo		
Graae, 1994[7]	United States RCT Mental Health Clinic	GAD,SAD, SoP, SP CGI>=6: NR	BZD: Clonazepam (N=8)	One tablet of up to 2 mg/ day for 4 weeks.	Mean age: 9.8(range:7-13) Male: 53.3% Caucasian: 100% ADHD: 20%, ODD : 20%, Conduct problems: 7%	0
			Control (N=7)	Pill Placebo One tablet a day for 4 weeks		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
March, 2007[8]	United States RCT Outpatient	SoP	SNRI: Venlafaxine (N=140)	37.5 mg/day to a maximum dose of 225mg/day over 16 weeks.	Mean age: 13.6 (Range 8 – 18) Male: 42.1% Caucasian: 74.28, African: 14.28% Hispanic: 5%, Asian: 1.4%, Other: 2.85% GCI <6 n = 155 GCI >6 n = 22	0
			Control (N=150)	Pill Placebo	Mean age: 13.6 (Range 8 -16) Male: 43.3% Caucasian: 78.5%, African: 10%, Hispanic: 11.3%, Asian: 1.3%, Other: 2.6% GCI <6 n = 119 GCI >6 n = 29	
Pine, 2001 [9,10]	United States RCT Outpatient	GAD,SAD, SoP	SSRI: Fluoxetine (N=63)	Up to 250 mg per day for 8weeks	Male: 51% Caucasian: 63%, African: 10%, Hispanic : 20%, other: 7% Low income (less than 25k) : 16%, Medium income (25k-60K): 30% High income (> 60K): 46% ADHD: 17.4%, Depression: 4%, OCD: 4%, ODD: 6%	0
			Control (N=65)	Pill Placebo	Male:52% Caucasian: 62%, African: 5%, Hispanic :18%, other: 15%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					Low income (less than 25k) : 15%, Medium income (25k-60K): 29% High income (> 60K): 42% ADHD: 13%, Depression: 5%, OCD: 5%, ODD: 5%, conduct disorder: 3%	
Reinblatt, 2009[11]	United States RCT Mental Health Clinic	GAD,SAD, SoP	SSRI: Fluvoxamine (N=22)	One tablet of up to 300mg/ day for 8 weeks	Mean age: 10 (range: 6-17) Male: 54.5% Caucasian: 95.4%	0
			Control (N=23)	Pill Placebo for 8 weeks	Mean age: 9.7(range: 6-17) Male: 52.2% Caucasian: 95.6%	
Rynn, 2001[12]	United States RCT Mental Health Clinic	GAD	SSRI: Sertraline (N=11)	25 mg/day for the first week, 50mg for weeks 2-9.	Mean age: 11.7 (Range 5 -17) Male: 77.2% Caucasian: 81.8%	0
			Control (N=11)	Pill Placebo		
Rynn, 2007[13]	United States RCT Mental Health Clinic	Anxiety disorder	SNRI: Venlafaxine (N=157)	37.5 mg/day during the first week. Doses thereafter ranged from 112.5mg – 225mg.	Age: 6 – 17 Male: 57.5%	0
			Control (N=163)	Pill Placebo		
Strawn, 2015[14]	United States, Mexico, South Africa RCT Outpatient	SAD, SoP Mean CGI: 4.5	SNRI: Duloxetine (N=135)		Mean age: 12.6 (range: 7-17) Male: 65% Caucasian: 83% African American: 6.7% Asian: 0.7% Other:9.6%	10

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Control (N=137)	Pill Placebo	Mean age: 12.2 (range: 7-17) Male: 62% Caucasian: 81% African American: 7.3% Asian: 0.7% Other:11%	
Wagner, 2004[15]	United States, South Africa, Canada and Belgium RCT Mental Health Clinic	SoP	SSRI: Paroxetine (N=165)	10-50 mg/day for 16 weeks.	Mean age: 13 Male: 43% Caucasian: 79.4%, other: 21%	16
			Control (N=157)	Pill Placebo Matching placebo pill, once per day.	Mean age: 13.3 Male: 56.6% Caucasian: 83.4%, other: 16.6%	
Walkup, 2002[16]	United States RCT Outpatient	GAD, SAD, SoP	SSRI: Fluvoxamine (N=35)	Up to 250 mg/day for children and 300 mg/day for 32 weeks	Mean age: 10.2 Male: 43% Caucasian: 66%, African American:8%, Hispanic: 20%, other: 6% ADHD: 14%, ODD:6	0
			SSRI: Fluvoxamine + Fluoxetine (N=14)	Fluvoxamine was tapered off during the first 2 weeks with Fluoxetine 10-40 mg/day. for 32 weeks	Mean age: 14.1 Male: 57% Caucasian: 64%, African American:22%, Hispanic: 7%, other: 7% ADHD: 7%, ODD:0% Fluvoxamine non-responder patients	
			Placebo + SSRI: Pill Placebo + Fluvoxamine	Fluvoxamine was increased by 50 mg/week up to 300 mg/day in adolescents and 250 mg/day for children	Mean age: 10.3 Male: 48% Caucasian: 65%, African American:6%, Hispanic: 12%,	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			(N=48)		other: 8% ADHD: 8%, ODD:2% Placebo non-responder patients	
Walkup, 2008[17-23]	United States RCT Outpatient	GAD,SAD, SoP	Child CBT (N=139)	Coping cat Child CBT (parents included <20%) Individual-based., Exposure, relaxation, cognitive problem solving. 60-minute session once a week for 12 weeks.	Mean age: 10.5 Male: 49.2% Caucasian: 76.3%, African American:10.1%, Hispanic: 9.2%, other: 4.5% Low income: 23.7% ADHD: 11.5%, ODD:13.8%, Tic disorder and other internalizing disorders: 41.7%	0
			SSRI: Sertraline (N=133)	Beginning with 25mg/day Up to 200 mg/day by 8th week, for 12 weeks.	Mean age: 10.8 Male: 51.1% Caucasian: 77.4%, African American: 9%, Hispanic: 11.3%, other: 2.3% Low income: 26.3% ADHD: 12.7%, ODD:8.2%, Tic disorder and other internalizing disorders: 55.6%	
			Combination therapy: CBT+ SSRI: Child CBT+ Sertraline (N=140)	Coping cat, Child CBT (parents included <20%) Individual-based, Exposure, relaxation and cognitive problem solving plus Sertraline. 60-minute session once a week for 12 weeks plus up to 200 mg/day day for 12 weeks.	Mean age: 10.7 Male: 49.6% Caucasian: 82.9%, African American: 7.9%, Hispanic: 5.6%, other: 3.6% Low income: 25.0% ADHD: 11.4%, ODD:10%, Tic disorder and other internalizing disorders: 42.8%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Control (N=76)	Pill Placebo	Mean age: 10.6 Male : 51.3% Caucasian: 79%, African American: 9%, Hispanic: 9%, other: 3% Low income: 27.6% ADHD: 118%, ODD:9.2%, Tic disorder and other internalizing disorders: 44.7%	

ADHD: attention deficit hyperactivity disorder, CBT: cognitive behavioral therapy, CGI: clinical global impression scale. GAD: generalized anxiety disorder, NR: not reported, OCD: obsessive compulsive disorder, ODD: oppositional defiant disorder, RCT: randomized control trial, SAD: separation anxiety disorder, SoP: social anxiety, SP: specific phobia, SRI: serotonin reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor

eTable 2. Characteristics of the included studies comparing medications vs medications

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
da Costa, 2013[4]	Brazil RCT Mental Health Clinic	GAD, SAD, SP Mean CGI= 4.9	TCA: Clomipramine (N=9)	Clomipramine 118.75 mg/ day average dose, 12 weeks	Mean age: 11.2 (range: 7-17) Males: 33% Lower class: 58.7% Upper/Middle class: 14.3%	0
			SSRI: Fluoxetine (N=10)	SRI, SSRI, fluoxetine 35 mg/ day average dose for 12 weeks.	Mean age: 11.6 (range: 7-17) Males: 50% Lower class: 50% Upper/Middle class: 50%	
			Control (N=11)	Pill Placebo	Mean age: 11.4 (range: 7-17) Males: 54% Lower class: 45.4% Upper/Middle class: 45.4%	
Rynn, 2007[13]	United States RCT Mental Health Clinic	Anxiety disorder	SNRI: Venlafaxine (N=157)	37.5 mg/day during the first week. Doses thereafter ranged from 112.5mg – 225mg.	Age: 6 – 17 Male: 57.5%	0
			Control (N=163)	Pill Placebo		

CGI: clinical global impression scale, GAD: generalized anxiety disorder, NR: not reported, OCD: obsessive compulsive disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SNRI: serotonin–norepinephrine reuptake inhibitor, SoP: social anxiety, SP: specific phobia, SRI: serotonin reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor.

eTable 3. Characteristics of the included studies comparing CBT vs medications

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Beidel, 2007 [24]	United States RCT Mental Health Clinic	GAD, SAD, SP, SoP	SSRI: Fluoxetine (N=43)	10mg per day during week 1 and 2. Increasing dose up to 40mg/day for up to 12 weeks.	Mean age:11.56 (Range 7 – 17) Male: 53.23% Caucasian: 74.1% African American: 15.1% Hispanic: 2.1% Asian: 2.8% Other: 3.5%	52
			Child CBT (N=59)	Social Effectiveness Therapy (SET-C) Child CBT (Parents included <20%) Group and Individual based, Exposure, Relaxation, and Cognitive Problem Solving. 60 min individual session and one 150 min group session twice a week for 12 weeks.		
			Control (N=37)	Pill Placebo		
Walkup, 2008[17-23]	United States RCT Outpatient	GAD,SAD, SoP	Child CBT (N=139)	Coping cat Child CBT (parents included <20%) Individual-based., Exposure, relaxation, cognitive problem solving. 60-minute session once a week for 12 weeks.	Mean age: 10.5 Male: 49.2% Caucasian: 76.3%, African American:10.1%, Hispanic: 9.2%, other: 4.5% Low income: 23.7% ADHD: 11.5%, ODD:13.8%, Tic disorder and other internalizing disorders: 41.7%	0
			SSRI: Sertraline (N=133)	Beginning with 25mg/day Up to 200 mg/day by 8th week, for 12 weeks.	Mean age: 10.8 Male: 51.1% Caucasian: 77.4%, African American: 9%, Hispanic:	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					11.3%, other: 2.3% Low income: 26.3% ADHD: 12.7%, ODD:8.2%, Tic disorder and other internalizing disorders: 55.6%	
			Combination therapy: CBT+ SSRI: Child CBT+ Sertraline (N=140)	Coping cat, Child CBT (parents included <20%) Individual-based, Exposure, relaxation and cognitive problem solving plus Sertraline. 60-minute session once a week for 12 weeks plus up to 200 mg/day day for 12 weeks.	Mean age: 10.7 Male: 49.6% Caucasian: 82.9%, African American: 7.9%, Hispanic: 5.6%, other: 3.6% Low income: 25.0% ADHD: 11.4%, ODD:10%, Tic disorder and other internalizing disorders: 42.8%	
			Control (N=76)	Pill Placebo	Mean age: 10.6 Male : 51.3% Caucasian: 79%, African American: 9%, Hispanic: 9%, other: 3% Low income: 27.6% ADHD: 118%, ODD:9.2%, Tic disorder and other internalizing disorders: 44.7%	

ADHD: attention deficit hyperactivity disorder, CBT: cognitive behavioral therapy, CGI: clinical global impression scale, GAD: generalized anxiety disorder, ICBT: individual cognitive behavioral therapy, ODD: oppositional defiant disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SoP: social anxiety, SP: specific phobia, SSRI: selective serotonin reuptake inhibitor.

eTable 4. Characteristics of the included studies comparing CBT vs wait-listing/no treatment

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Abbasi, 2016 [25]	Iran RCT Mental Health Clinic	SAD	Child CBT (N=15)	Modular CBT Child CBT- (parents included < 20%) Individual based Exposure Cognitive problem solving 4-20 sessions, 1 hour sessions, with	Age range : 6-7 years Male: 53%	13
			Other Therapy (N=15)	Other: Child parent relationship training Individual based 10 weekly, 1 hour sessions	Age range : 6-7 years Male: 33.3%	
			Control (N=16)	Waitlisting or no treatment	Age range : 6-7 years Male: 48%	
Afshari, 2014 [26]	Iran RCT Outpatient Mental Health Clinic	SAD	Child CBT (N=12)	Coping Cat Child CBT- (parents included < 20%) Group based Exposure Relaxation Cognitive problem solving 10, 60 min weekly sessions Delivered by student/trainee	Mean age: 10.4 (range: 9-13)	12
			Child CBT (N=12)	Other: Emotion-focused CBT Child CBT- (parents included < 20%) Group based Cognitive problem solving 12 one hour weekly sessions	Mean age: 11 (range: 9-13)	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				Delivered by student/trainee		
			Control (N=10)	Waitlisting or no treatment	Mean age: 10.3 (range: 9-13)	
Arendt, 2015 [27]	Denmark RCT Mental Health Clinic	GAD, PD with agoraphobia, PD without agoraphobia, SAD, SoP, SP	Child and parent CBT (N=56)	Cool Kids Group-based Exposure Cognitive problem solving 10 sessions, 2 hour weekly sessions Delivered by psychologist and student	Mean age: 11.82 (SD: 2.49) Male: 45% Low income:(<$93,109): 21.4% Medium income:($93,1009-$130,353): 71.5% High income:(>$167,597): 7.1% Less than high school or high school graduate(parent):4.5% Some college(parent): 24.45% College graduate(parent): 71.05% OCD: 7.1% Externalizing disorders: 10.7% Mood disorders: 7.1% Other comorbidities: 5.4%	52
			Control (N=53)	Waitlisting or no treatment	Mean age: 11.73 (SD: 2.47) Male: 42% Low income:(<$93,109): 37.7% Medium income:($93,1009-$130,353): 52.9%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					High income:(>$167,597): 9.4% Less than high school or high school graduate(parent):12.4% Some college(parent): 29.1% College graduate(parent): 58.5% OCD: 7.6% Externalizing disorders: 13.2% Mood disorders: 11.3% Other comorbidities: 7.5%	
Baer, 2005 [28]	Canada RCT Mental Health Clinic	SoP	Child CBT (N=6)	Social Effectiveness Therapy (SET-C) Child CBT- (parents included < 20%) Group based Exposure Cognitive problem solving 12 weekly 1.5-hour child sessions plus one parent session Delivered by 2 psychiatrists	Mean age: 14.5 (Range 13 – 18) Male: 50%	NR
			Control (N=6)	Waitlisting or no treatment	Mean age: 16.5 (Range 13 - 18) Male: 66.6%	
Barrett, 1996 [29]	Australia RCT Mental Health	GAD, SAD, SoP	Child CBT (N = 28)	Coping Koala Child CBT- (parents included < 20%)	Age range: 7 – 14 years	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	Clinic			Individual based Exposure, Relaxation and Cognitive problem solving 12 sessions, 60-80 minute weekly; 4 sessions on anxiety management Delivered by doctoral level psychologists.		
			Child and parent CBT (N = 25)	Coping Koala Individual based Exposure ,Relaxation and Cognitive problem solving 12 session, 70 minute weekly sessions (30 minutes for CBTand 40 minutess for family intervention) Delivered by doctoral level psychologists.		
			Control (N=26)	Waitlisting or no treatment		
Barrett, 1998 [30]	Australia RCT Mental Health Clinic	GAD, SAD, SP, SoP.	Child CBT (N=23)	Coping Koala Child CBT- (parents included < 20%) Group based Exposure Relaxation Cognitive problem solving 12 sessions, 2 hours weekly sessions Delivered by 4 clinical psychologists.	Age range: 7 – 14 years Male: 53.3%	52
			Child and	Coping koala		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			parent together CBT (N=17)	Group-CBT and family management training Group based Exposure Relaxation Cognitive problem solving 12 sessions, 2 hour weekly sessions Delivered by therapists		
			Control (N=20)	Waitlisting or no treatment		
Bodden, 2008 [31,32]	Netherland s RCT Mental Health Clinic	PD (agoraphobia is not specified), SAD, SP, SoP, GAD	Child CBT (N=64)	Generic CBT Individual based, exposure, cognitive strategies delivered by psychotherapists. 60 - 90 min session per week for 13 weeks	Age mean (years): 12.4 (range: 8-17) Males: 40.6% Caucasian: 100% ADHD: 8% Depression: 24% OCD: 5% ODD: 1% Conduct problems: 1% PTSD: 6%	13
			Control (N=64)	Waitlisting or no treatment		
Chalfant, 2007 [33]	Australia RCT Mental Health Clinic	GAD ,PD (agoraphobia is not specified) SAD, SP , SoP.	Child CBT plus separate parent intervention (N=28)	Cool Kids Adaptation of the program for children with autism Group based Exposure Relaxation Cognitive problem solving 12 sessions, 9 weekly plus 3 booster monthly sessions	Age: 10.8 (Range 8 – 13)	NR

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				Delivered by a doctoral level psychologist and master level clinicians.		
			Control (N=19)	Waitlisting or no treatment		
Chiu, 2013 [34]	United States RCT School	GAD, SAD, SoP	Child CBT (N=22)	Building confidence Child CBT- (parents included < 20%) Individual based Exposure Cognitive problem solving 10 to 16 60-minute sessions Delivered by student/trainee	Mean age: 8.51 (range: 5-12) Males: 55% Caucasian: 40% African American: 15% Hispanic: 18% Asian: 5% Other: 23% Low income (<$40,000)= 17.5% Medium income ($40,000-$70,000)=17.5% High income (>$90,000): 67.5% ADHD: 15% OCD: 5% ODD: 7.5%	0
			Control (N=18)	Waitlisting or no treatment		
Cobham, 2012 [35]	Australia RCT Mental Health Clinic	GAD, PD, PD with agoraphobia, SAD, SoP, SP	Child CBT plus separate parent intervention	Do as I do Individual-based Exposure Cognitive problem solving 6 90-minutes sessions for parent	Mean age: 9.70 (range: 7-14) Males: 50% Caucasian 92% Asian: 8%	26

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			(N=23)	and 6 60-minutes for child, weekly Delivered by masters level clinicians	PTSD: 4% ADHD: 7% Dysthymia: 4% Enuresis: 4%	
			Distance Therapy (N=20)	Do as I do "Do as I Do" and "Facing your Fears" bibliotherapy programs Exposure Cognitive problem solving 2 hour parent group, every other week 12 min phone calls for 12 weeks Delivered by parent and therapist	Mean age: 10.20 (range: 7-14) Males: 55% Caucasian 92% Asian: 8% ADHD: 5% PTSD: 5% Dysthymia: 5% Sleep terrors: 5%	
			Control (N=12)	Waitlisting or no treatment	Mean age: 9.83 (range: 7-14) Males: 57% Caucasian 92% Asian: 8% PTSD: 4%	
Dewis, 2001[36]	Australia RCT Mental Health Clinic	SP	Child CBT (N=9)	Generic CBT Live graded exposure Child CBT- (parents included < 20%) Individual based Exposure Three 45-min treatment sessions every 3–4 days Provided by clinical psychologists	Male: 35.7% Caucasian: 100% Mean age: 12.3 (Range 10-17)	4

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Distance Therapy (N=10)	Other: Computer-aided vicarious Exposure Individual computer based Three 45-min treatment sessions every 3–4 days	Male: 35.7% Caucasian: 100% Mean age: 13.8 (Range 10-17)	
			Control (N=9)	Waitlisting or no treatment	Male: 35.7% Caucasian: 100% Mean age: 13.3 (Range 10 – 17)	
Donovan, 2015[37]	Australia RCT Mental Health Clinic	GAD, SAD, SoP, SP	Child and parent together CBT (N=21)	Other: SHY Group based Exposure Relaxation Cognitive problem solving 4 3-hour sessions over 3 consecutive weekends Delivered by psychologist, student/trainee	Mean age: 9.43 (range: 7-12) Males: 37.5% Caucasian: 97.5% Asian: 2.5% Low income(<74,000): 45% High income(>74,000): 55% ADHD: 5% OCD: 5% ODD: 5% PTSD: 2.5%	26
			Control (N=19)	Waitlisting or no treatment		
Flannery-Schroeder, 2000[38,39]	United States RCT Outpatient	GAD,SAD, SoP, SP	Child CBT (N=18)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 18 sessions, 50-60 minute weekly sessions	Male: 33.3% Caucasian: 94.4%, Other: 5.6% ADHD: 11%, Depression: 5.6%	13

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				Delivered by master students		
			Child CBT (N=13)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 18 sessions, 90 minute weekly sessions Delivered by master students	Male: 61.5% Caucasian: 84.6%, Other: 15.4% ADHD: 30.7%, Depression: 15.3%, ODD: 23%	
			Control (N=14)	Waitlisting or no treatment	Male: 42.8% Caucasian: 92.8%, Other: 7.2% ADHD: 21.4%	
Gallagher, 2004[40]	United States RCT Mental Health Clinic	GAD, SP, SAD, SoP.	Child CBT (N=12)	Generic CBT Child CBT-(parents included < 20%) Group based Exposure Cognitive problem solving 3 sessions, 3-hour weekly sessions	Age (range 8 – 11)	3
			Control (N=11)	Waitlisting or no treatment	Age (range 8 – 11)	
Gallo, 2012[41]	United States RCT Mental Health Clinic	PD with agoraphobia, PD without agoraphobia	Child CBT (N=39)	Other: Immediate 8-day intensive treatment Child CBT- (parents included < 20%) Individual based Exposure and Cognitive problem solving	Mean age: 15.1 (range 12 – 17) Male: 40% Caucasian: 49% Hispanic: 4%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				8 days of 2 to 6 hours of treatment (20 hours total) followed by 4 weeks of phone contact		
			Control (N=16)	Waitlisting or no treatment		
Gil-Bernal, 2009[42]	Mexico RCT Public schools in low income district	SoP	Child CBT (N=6)	IAFS Child CBT- (parents included < 20%) Group based Exposure and Cognitive problem solving Nine 90-minutes sessions during 5 weeks Delivered by therapists	Age: Range 7 – 12 Male: 36.36%	36
			Child CBT plus separate parent intervention (N=5)	IAFS Combined therapy: IAFS + Parent education Group based Exposure Relaxation Cognitive problem solving Nine 90-minutes sessions during 5 weeks Delivered by therapists		
			Control (N=6)	Waitlisting or no treatment		
Hancock, 2016 [43]	Australia RCT Mental Health Clinic	GAD, SAD	ACT (N=68)	Acceptance and commitment therapy (ACT) Group based Relaxation	Mean age: 11.15 (range: 7-17) Male: 45.5% Caucasian: 87%, Asian: 3%,	13

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				10 sessions, 90-minute weekly sessions Delivered by doctoral level psychologist	Other: 10% ADHD: 6%, Depression, 18%, OCD: 7.3% Treatment naïve: 27.9%	
			Child and parent together CBT (N=63)	Cool Kids Group based Exposure Cognitive problem solving 10 sessions, 90-minute weekly sessions Delivered by doctoral level psychologist	Mean age: 10.81 (range: 7-17) Male: 39.6% Caucasian: 94.4%, Other: 5.6% ADHD: 10%, Depression, 13%, OCD: 3% Treatment naïve: 22.2%	
			Control (N=62)	Waitlisting or no treatment	Mean age: 11.66 (range: 7-17) Male: 41.9% Caucasian: 84%, Other: 16% Depression: 24%, OCD: 8% Treatment naïve: 70.9	
Hayward, 2000[44]	United States RCT Mental Health Clinic	SoP	Child CBT-(parents included < 20%) (N=12)	Generic CBT Group based Exposure Cognitive problem solving 16 90–minute weekly sessions Delivered by 2 doctoral level psychologist and 2 students/trainee	Mean age: 15.8 Low income: n= 29 Medium income: n= 23 High income: n= 11	52
			Control (N=3)	Waitlisting or no treatment		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Holmes, 2014[45]	Australia RCT Mental Health Clinic	GAD, SAD, SoP, SP	Child CBT plus separate parent intervention (N= 20)	No worries Group based Relaxation Cognitive problem solving 10 weekly 90-min child sessions plus two boosters, and 7 90-minute parent sessions with 2 boosters Delivered by Masters level clinician	Mean age: 9.65 (range: 7-12) Males: 25% Caucasian: 100% Low income (<$29,875): 0% Medium income ($30,622-$ 59750): 10% High income (>$60,497): 90% Less than high school or high school graduate (parent): 35% Some college (parent): 25% College graduate (parent): 40% ADHD: 45% Depression: 25% ODD: 30%	13
			Control (N=22)	Waitlisting or no treatment	Mean age: 9.64 (range: 7-12) Males: 40.9% Caucasian: 95.5% African American: 4.5 Low income (<$29,875): 9.1% Medium income ($30,622-$ 59750): 13.6% High income (>$60,497): 77.3% Less than high school or	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					high school graduate (parent): 34% Some college (parent): 31.8% College graduate (parent): 31.8% ADHD: 45% Depression: 25% ODD: 30%	
Hirshfeld-Becker, 2010[46]	United States RCT Outpatient	GAD, PD with agoraphobia, SAD, SoP, SP	Child and parent together CBT (N=34)	Being Brave Individual based Exposure Relaxation Cognitive problem solving Up to 20 weekly sessions Delivered by psychologist, student/ trainee	Mean age: 5.4 (range: 4-7) Males:50% Caucasian: 79% Hispanic:3% Asian: 8.8% Other: 8.8% Less than high school or high school graduate (parent): 6.55% Some college (parent): 15.5% College graduate (parent): 78%	12
			Control (N=30)	Waitlisting or no treatment	Mean age: 6.2 (range: 4-7) Males: 43% Caucasian: 80% Hispanic:3.3% Asian: 6.6% Other: 10% Less than high school or high school graduate	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					(parent): 6.55% Some college (parent): 15.5% College graduate (parent): 78%	
Kendall, 1995[47]	United States RCT Mental Health Clinic	GAD,SAD, SoP, SP	Child CBT (N=27)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 17 50-60-minute weekly sessions Delivered by student	Age range: 9-13 years Male: 51.8% Caucasian: 78%, African American: 22%	52
			Control (N=20)	Waitlisting or no treatment	Age range: 9-13 years Male: 60% Caucasian: 80%, African American: 20%	
Kendall, 1997 [48]	United States RCT Mental Health Clinic	GAD, SAD, SP, SoP	Child CBT (N=60)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 16 60-minute weekly sessions Delivered by doctoral level psychologists	Age range: 9 – 13 years Low income: 32% Medium income 31% High income: 28% Male: 58.3% Caucasian: 86.6% African American: 6.6 Hispanic: 1.6 Asian: 1.6	52
			Control	Waitlisting or no treatment	Age range: 9 – 13 years	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			(N=34)		Low income: 32% Medium income 31% High income: 28% Male: 67.6% Caucasian: 82.35% African American: 2.9% Hispanic: 2.9% Asians: 5.8 Others: 5.8%	
Lee, 2016[49] United States RCT Mental Health Clinic		GAD,SAD, SoP	Other Therapy (N=37)	Friends Combines CBT only and CBT plus parenting Group based Exposure Relaxation Cognitive problem solving 9 sessions, plus 2 booster sessions; half of group also received 9 concurrent parent sessions	Caucasian: 97%	156
			Control (N=24)	Waitlisting or no treatment		
Leutgeb, 2011[50] Austria RCT Mental Health Clinic		SP	Child CBT (N=16)	OST Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 1 session, up to 4 hours	Mean age: 11.44 (range: 8-14)	0
			Control	Waitlisting or no treatment	Mean age: 11.54 (range: 8-	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			(N=14)		14)	
Masia-Warner, 2005[51]	United States RCT School	GAD, PD with agoraphobia, SoP	Child CBT (N=21)	Skills for Social and Academic Success Child CBT- (parents included < 20%) Group based Exposure Cognitive problem solving School settings for about 3 months. 12 40-minutes weekly session, 2 brief individual meetings (15 minutes), 2 group boosters; 4 weekend social events (90 minutes); 2 Parents groups (45 minutes); 2 teacher groups (30 minutes) Delivered by a doctoral level psychologist and a student/trainee	Mean age: 15 (Range 13 - 17) Male: 19% Caucasian: 76.19% African Americans: 9.5%	NR
			Control (N=21)	Waitlisting or no treatment	Mean age: 14.5 (Range 13-17) Male: 23.8% Caucasian: 61.9% African Americans: 4.7% Hispanics: 4.7% Asians: 4.7% Others: 4.7%	
McConachie, 2014[52]	United Kingdom RCT Mental Health	GAD, PD with agoraphobia, SAD SoP, SP	Child CBT plus separate parent	Exploring feelings Group based 7 2-hours sessions with separate parent and child groups	Mean age: 11.7 (range: 9-13) Males: 88% College graduate (parent):	39

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	Clinic		intervention (N=17)	Delivered by Psychologist	47% ADHD: 30% Depression: 12% Autism: 100% OCD: 18% ODD:6%	
			Control (N=15)	Waitlisting or no treatment	Mean age: 11.8 (range: 9-13) Males: 87% College graduate (parent): 80% ADHD: 33% Autism: 100% OCD: 7% ODD:7%	
McNally Keehn, 2013[53]	United States RCT Mental Health Clinic	GAD, SAD, SoP, SP	Child CBT (N=12)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving Delivered by psychologist 16 sessions, 60 to 90-minute weekly sessions	Mean age: 11.65 (range: 8-14) Males: 100% Caucasian: 66% Hispanic: 17% Others: 17% Less than high school or high school graduate (parent): 33% College graduate (parent): 67% Depression: 8% Autism: 100% OCD:17%	8

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					ADHD: 67% ODD: 33%	
			Control (N=10)	Waitlisting or no treatment	Mean age; 11.02 (range: 8-14) Males: 90% Caucasian: 40% Hispanic: 10% Others: 17% Less than high school or high school graduate (parent): 10% College graduate (parent): 90% Autism: 90% ADHD: 80% ODD: 50%	
Melfsen, 2011[54]	Germany RCT Mental Health Clinic	SoP	Child CBT (N=21)	Generic CBT Child CBT- (parents included < 20%) Individual based Exposure Cognitive problem solving 20 50-minute weekly sessions and 4 parent sessions Delivered by student/trainee	Mean age: 10.6 (range 8-14) Males: 62% Caucasian: 100% Sleeping disorder: 9.5% ODD: 4.7% Tic disorder: 4.7%	43
			Control (N=23)	Waitlisting or no treatment	Mean age: 10.76 (range 8-14) Males: 43% Caucasian: 100%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					Affective disorder: 4.3% Sleeping disorder: 4.3% ADHD: 4.3% ODD: 4.3% Elimination disorder: 8.6%	
Mendlowitz, 1999 [55]	Canada RCT Outpatient		Child CBT (N=23)	Coping Bear Child CBT- (parents included < 20%) Group based Relaxation, Cognitive problem solving 12 1.5-hour weekly sessions Delivered by 3 psychologists, 1 student/trainee, 1 youth worker	Mean age: 9.5 (Range 7-12) Male: 28.4%	NR
			Parent only intervention (N=21)	Generic CBT Group based 12 1.5-hour weekly sessions Delivered by doctoral level psychologist, and student/trainee		
			Child CBT plus separate parent intervention (N=18)	Coping bear Group based Relaxation Cognitive problem solving 12 1.5-hour weekly sessions (one for kids, one for parents) Delivered by doctoral level psychologist, student/trainee, youth worker		
			Control (N=40)	Waitlisting or no treatment		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Menzies, 1993[56]	Australia RCT Outpatient	SP	Child CBT (N=13)	In vivo exposure plus vicarious exposure Child CBT- (parents included < 20%) Individual based Delivered by student therapist 3 15-minute weekly session	Mean age: 5.5 (range:3-8) Male: 50.7% Caucasian: 96%, Hispanic:4% Depression: 10% Treatment non responder: 100%	12
			Control (N=13)	Attention Control or Treatment as Usual Only vicarious exposure 3 30-minute weekly session Delivered by student therapist		
			Child CBT (N=13)	In vivo exposure Child CBT- (parents included < 20%) Individual based Exposure 3 30-minute weekly session Delivered by student		
			Control (N=12)	Waitlisting or no treatment Only assessment		
Miller, 1972[57,58]	United States RCT Outpatient	SP	Child CBT (N=NR)	Total number of patients: 67 Reciprocal inhibition: Individual-based relaxation exposure Delivered by doctoral psychologist 60 min session 3 times per week for 8 weeks	Mean age: 10.8 (range: 6-14) Male: 55% Caucasian: 95.5%, African American: 4.5% Socioeconomic status: Lower: 7% Middle:75% High: 8%	104
			Other therapy (N=NR)	Individual, Play psychotherapy directed toward inner experiences 60 min session 3 times per week		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				for 8 weeks		
			Control (N=NR)	Waitlisting or no treatment		
Nauta, 2003 [59]	Netherlands RCT Mental Health	GAD, PD without agoraphobia, SoP, SAD	Child CBT (N=37)	Coping Cat –Dutch Exposure, Cognitive Problem Solving Individual based Delivered by doctoral level psychologist student/trainee 12, 60min sessions	Age mean (years): 11 Male: 51.3%	12
			Control (N=39)	Waitlisting or no treatment		
Olivares, 2002[60]	Spain Non-Randomized comparative studies School	GAD, PD with agoraphobia, SoP,SP	Child CBT (N=14)	SET-C Spanish Child CBT- (parents included < 20%) Exposure 29 treatment sessions over a period of 17 weeks, generally twice weekly	mean age: 15.57 (range: 15-17) Male: 28.5% Depression: 35.7%, OCD: 7%, Substance abuse : 7%, PTSD: 7%, avoidant personality disorder: 100%, selective mutism: 7%	52
			Child CBT (N=15)	Group based Child CBT- (parents included < 20%) Exposure Cognitive problem solving 16 90-minute sessions over 14 weeks	mean age: 16.07 (range: 15-17) Male: 35.7% Depression: 60%, OCD: 6%, Substance abuse : 6%, PTSD: 6%, avoidant personality disorder: 94%, selective mutism: 12%	
			Child CBT (N=15)	IAFS Child CBT- (parents included <	mean age: 15.87 (range: 15-17)	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				20%) Exposure Cognitive problem solving 12 90-minute weekly group sessions, and optional individual sessions	Male: 26.6% Depression: 40%, OCD: 6%, Substance abuse : 6%, PTSD: 6%, avoidant personality disorder: 100%, selective mutism: 6%	
			Control (N=15)	Waitlisting or no treatment	mean age: 15.87 (range: 15-17) Male: 35.7% Depression: 46%, OCD: 6%, Substance abuse : 12%, PTSD: 6%, avoidant personality disorder: 100%, selective mutism: 12%	
Olivares, 2014[61] Spain RCT Mental Health Clinic		SoP	Child CBT (N=38)	IAFS Child CBT- (parents included < 20%) Delivered by experienced psychologist Group based Exposure Cognitive problem solving 12 90-minute weekly sessions	Mean age: 15.58 (SD: 0.76) Males: 36.81%	52
			Child CBT (N=37)	IAFS Child CBT- (parents included < 20%) Delivered by inexperienced psychologist Group based Exposure	Mean age: 15.30 (SD: 0.81) Males: 29.74%	

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				Cognitive problem solving 12 90-minute weekly sessions		
			Control (N=35)	Waitlisting or no treatment	Mean age: 15.23 (SD: 1.26) Males: 37.1%	
Ollendick, 2009[62]	United States and Sweden RCT Outpatient Mental Health Clinic	SP, SoP, SAD, GAD	Child CBT (N=85)	OST Child CBT- (parents included < 20%) One Session Treatment Individual based Exposure 1 session of 3 hours Delivered by master level clinicians	Caucasian: 90%, African American: 2.5% Hispanic:: 2% Other: 4.5% Age range 7 -16 years Male: 45.8%	36
			Control (N=70)	Attention Control or Treatment as Usual Education Support Treatment 1 session of 3 hours Delivered by master level clinicians	Caucasian: 90%, African American: 2.5% Hispanic:: 2% Other: 4.5% Range 7 – 16 Male: 44.2%	
			Control (N= 41)	Waitlisting or no treatment	Age range 7 -16 years Male: 46.3%	
Ost, 2001[63]	Sweden RCT Mental Health Clinic	GAD,SAD, SoP, SP	Child CBT (N=21)	OST Child CBT- (parents included < 20%) One session treatment - Child alone Individual based Exposure 1 session of 3 hours Delivered by doctoral level Psychologist	mean age: 11.7 (range: 7-17) Male: 33	52
			Child and parent	OST One session exposure - Parent	mean age: 11.7 (range: 7-17)	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			together CBT (N=20)	present Individual based Exposure 1 session of 3 hours Delivered by doctoral level Psychologist	Male: 45%	
			Control (N=19)	Waitlisting or no treatment	mean age: 11.7 (range: 7-17) Male: 36%	
Ost, 2015[64]	Sweden RCT Mental Health Clinic	GAD, PD, SAD, SP	Child CBT (N=16)	SET-C Child CBT- (parents included < 20%) Exposure 12 individual weekly sessions plus 12 social skills group weekly session Delivered by Psychologist	Mean age: 11.6 (range: 8-14) Depression: 15% OCD: 5% ODD: 2% Neurodevelopmental Disorder:9%	52
			Child CBT plus separate parent intervention (N=16)	SET-C Exposure 12 individual weekly sessions plus 12 social skills group weekly session; plus 8 90-minute parent group sessions Delivered by Psychologist		
			Control (N=23)	Waitlisting or no treatment		
Rapee, 2000[65]	Australia non randomized	NR	Child and parent together	Other: Family CBT Group based Exposure	Mean age: 10.46 (range: 7-16) Males: 41%	52 (only for

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	comparative Outpatient		CBT (N=95)	Cognitive problem solving 9, 90 minute treatment sessions, over 11 weeks Delivered by student/trainee		CBT arm)
			Control (N=15)	Waitlisting or no treatment	Mean age: 11.1 (range: 7-16) Males: 33.3%	
Rapee, 2006[66]	Australia RCT Mental Health Clinic	GAD, PD (agoraphobia is not specified), SAD, SP, SoP.	Child and parent together CBT (N=90)	Cool Kids Group based Exposure Cognitive problem solving 9 2-hour sessions over 12 weeks Delivered by student trainee.	Mean age: 9.475 (Range: 6 - 12) Male: 66.6% Low income: n= 26 (<$30,000)	36
			Distance Therapy (N=90)	Other: Bibliotherapy Indvidual based Exposure Relaxation Cognitive problem solving Treatment duration is 12 weeks at own pace	Mean age: 9.558 (Range: 6 – 12) Male: 64.44% Low income: n= 9 (<$30,000)	
			Control (N=87)	Waitlisting or no treatment	Mean age: 9.5 (Range: 6 – 12) Male: 48.2% Low income: n= 15(<$30,000)	
Reaven, 2009[67]	United States RCT Outpatient	GAD,SAD, SoP	Child and parent together CBT (N=10)	Generic CBT Exposure Relaxation Cognitive problem solving 12 1.5-hour weekly sessions	Mean age: 11 (range: 8-14) Male: 70% Caucasian: 80%, African American:10%, Hispanic: 10%	0

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				(included large group time, separate parent and child group meetings, and parent-child dyads). Delivered by Doctoral level Psychologist	Parent education level: Some college:30%, collage grade: 40% Autism: 100%	
			Control (N=23)	Waitlisting or no treatment	Mean age: 11 (range: 8-14) Male: 83% Caucasian: 83%, African American:4.5%, Hispanic: 4.5%, Other: 8 Some college:26%, collage grade: 35% Autism: 100%	
Ritter, 1968[68]	United States RCT Outpatient	SP	Child CBT (N=15)	Other: Only contact desensitization Child CBT- (parents included < 20%) Group based Exposure 2 35-minute weekly sessions Delivered by psychiatrist	Age range: 5-11 years	0
			Control (N=15)	Attention Control or Treatment as Usual Only vicarious desensitization Group based 2 35-minute weekly sessions Delivered by psychiatrist		
			Control (N=14)	Waitlisting or no treatment		
Rosa-Alcazar,	Spain RCT	GAD, PD without	Child CBT (N=20)	IAFS Child CBT- (parents included <	Mean age 15 (Range 14 - 17)	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
2009[69]	schools	agoraphobia, PD (agoraphobia is not specified) SP		20%) Group based Exposure Cognitive problem solving 12 90-minute weekly sessions Delivered by practicing clinician	Male:25%	
			Control (N=19)	Attention Control or Treatment as Usual Educational Treatment on anxiety and relaxation 12 90-minute weekly sessions	Mean age 14.94 (14- 17) Male: 31.5%	
			Control (N=18)	Attention Control or Treatment as Usual Education as Placebo 12 sessions of health education	Mean age 14.75 (14-17) Male: 16.6%	
			Control (N=20)	Waitlisting or no treatment	Mean age 14.77 Male: 40%	
Rodriguez, 2005[70]	Spain RCT high school	GAD, PD without agoraphobia, SP ,SoP Social anxiety disorder	Child CBT (N=17)	IAFS Child CBT- (parents included < 20%) Group based Exposure Cognitive problem solving 12 90-minute weekly sessions Delivered by two experienced psychologists	Mean age: 15 Male: 41.17%	6
			Control (N=17)	Waitlisting or no treatment	Mean age: 15.06 Male: 41.17%	
Sanchez-Garcia,	Spain RCT	SoP	Child CBT (N=NR)	IAFS Child CBT- (parents included <	Total number of patients: 45 Mean age: 12	26

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
2009 [71]	Schools			20%) Group based Exposure Cognitive problem solving 12 90-minute weekly sessions	Male: 24.4%	
			Control (N=NR)	Waitlisting or no treatment		
Sánchez-García, 2009 [72]	Spain RCT Schools	SAD	Child CBT (N=28)	IAFS Child CBT- (parents included < 20%) Group based Exposure Cognitive problem solving 12 90-minute weekly sessions Delivered by Practicing clinician	Mean age: 11.91 Male: 38% White: 82%	52
			Child CBT (N=29)	IAFS Child CBT- (parents included < 20%) Incomplete (IAFS without Cognitive restructuring) Group based Exposure 12 90-minute weekly sessions		
			Control (N=25)	Waitlisting or no treatment		
Santucci, 2013[73]	United States RCT Mental Health Clinic	SAD	Child CBT (N=15)	Generic CBT Child CBT- (parents included < 20%) Group based	Mean age: 9.43 (range: 7-12) Males: 0% Caucasian: 80%	6

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				Exposure Relaxation Cognitive problem solving 7 sessions, 3 to 5 hour daily sessions. Plus 2 additional 60 to 90 minute parent sessions Delivered by psychologist and student/trainee	Asian: 13%	
			Control (N=14)	Waitlisting or no treatment	Mean age: 8.92 (range: 7-12) Males: 0% Caucasian: 93% Asian: 7%	
Schneider, 2011[74]	Germany RCT Mental Health Clinic	SAD	Child and parent together CBT (N=21)	Other: Parent coached exposure Individual based Exposure Cognitive problem solving 4 weekly 50-min sessions with the child alone and 50-min parents alone. Then 8 weekly 50-min family sessions, each split into two parts: one with parents and child together, and a second with the parents only Delivered by psychologist	Mean age: 6.29 (range: 5-7)	4
			Control (N=22)	Waitlisting or no treatment	Mean age: 6.18 (range:5-7)	
Shortt, 2001[75]	Australia RCT NR	GAD, SAD, SP, SoP.	Child CBT plus separate parent	Friends Group based, Exposure Relaxation Cognitive problem solving	Male: 40.8% Caucasian: 25.3% Asian: 1.4% Mean age: 7.83 (Range 6.5-	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			intervention (N=54)	10 weekly sessions and 2 booster sessions; and 10 parent sessions (each of about 40 minutes)	10)	
			Control (N=17)	Waitlisting or no treatment	Male: 40.8% Caucasian: 25.3% Asian: 1.4% Mean age: 7.88 (Range 6.5-10)	
Silverman, 1999 [76]	United States RCT Mental Health Clinic	GAD, SoP	Child CBT plus separate parent intervention (N=37)	Generic CBT Group based Exposure Cognitive problem solving Unclear number of sessions, 65 minutes Delivered by doctoral level psychologist and student trainee	Mean age: 10.14 (range: 6-16) Males: 54% Caucasian: 47% Hispanic: 40% Other: 4% Low income (<$15,000):27% Medium income: ($15,000-$30,000):27% High income: (>$30,000): 34%	52
			Control (N=19)	Waitlisting or no treatment	Mean age: 9.63 (range: 6-16) Males: 74% Caucasian: 44% Hispanic: 58% Low income (<$15,000):5% Medium income: ($15,000-$30,000):32% High income: (>$30,000): 63%	
Spence,	Australia	GAD, SAD, SP,	Child CBT	Generic CBT	Mean age: 10.49 (range: 7-	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
2000 [77]	RCT Mental Health Clinic	SoP	plus separate parent intervention (N=17)	CBT with parent Involvement Group based Exposure Relaxation Cognitive problem solving 12 1.5-hour weekly sessions, 2 1.5-hour boosters; parents observe 60 minutes of child group, then have 30 minute sessions Delivered by 2 doctoral level psychologists	14) Males: 59% ODD: 12% ADHD: 6%	
			Child CBT (N=19)	Generic CBT Child CBT- (parents included < 20%) CBT without Parent Involvement Group based Exposure Relaxation Cognitive problem solving 12 1.5-hour weekly sessions, 2 1.5-hour boosters Delivered by 2 doctoral level psychologists.	Mean age: 11 (range: 7-14) Males: 53% ODD: 10% Dysthymia: 5%	
			Control (N=14)	Waitlisting or no treatment	Mean age: 9.93 (range: 7-14) Males: 79% Dysthymia: 7%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Spence, 2006[78]	Australia RCT Mental Health Clinic	GAD, SAD, SP SoP	Child CBT plus separate parent intervention (N=22)	Generic CBT Group based Exposure Relaxation Cognitive problem solving 10 60-minute weekly child sessions and 6 60-minute weekly parent sessions, plus booster sessions at 1 and 3 months Delivered by 5 doctoral level psychologists.	Mean age: 10.26 (Range 7-14) Male: 59%	12
			Distance Therapy (N=27)	Generic CBT Internet CBT Group based Exposure Relaxation Cognitive problem solving 5 of the 10 child sessions plus the 3-month booster via Internet, with the remaining sessions being conducted in the clinic; 3 of the 6 parents sessions and the 3-month via Internet Delivered through the internet	Mean age: 9.8 (Range 7-14) Male: 59.2%	
			Control (N=23)	Waitlisting or no treatment	Mean age: 9.8 (Range 7-14) Male: 56.5%	
Spence, 2011[79]	Australia RCT Mental Health Clinic	GAD, SAD, SoP, SP	Distance Therapy (N=44)	Brave online Technology-based Individual based Exposure	Mean age: 13.98 (range: 12-18) Males: 41% High income(>$76,910):	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				Relaxation Cognitive problem solving 10 adolescents weekly sessions and 5 parent sessions (60 minutes each) over 12 weeks; 1 15-minute phone call, email feedback after each session Delivered by psychologist, masters level clinician	47% College graduate (parent): 58% Depression: 2.6% ODD: 1.7% Dysthymic disorder: 9.7%	
			Child CBT plus separate parent intervention (N=44)	Individual based Exposure Relaxation Cognitive problem solving 10 adolescents weekly sessions and 5 parent sessions (60 minutes each) over 12 weeks Delivered by psychologist, masters level clinician		
			Control (N=27)	Waitlisting or no treatment		
Waters, 2009[80]	Australia RCT Outpatient	GAD, SAD, SoP, SP	Child CBT plus separate parent intervention (N=38)	Take action Group based Exposure Relaxation Cognitive problem solving 10 weekly 1-hour child and one hour parents sessions Delivered by psychologist	Mean age: 6.89 (range: 4-8) Males: 37% Caucasian: 97%	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Parent only intervention (N=31)	Take action Group based Exposure Relaxation Cognitive problem solving 10 weekly 1-hour child and one hour parents sessions Delivered by psychologist	Mean age: 6.68 (range: 4-8) Males: 58% Caucasian: 97%	
			Control (N=11)	Waitlisting or no treatment	Mean age: 6.79 (range 4-8) Males: 55% Caucasian: 91%	
Warner, 2011[81]	United States RCT Outpatient	GAD, SAD, SoP, SP	Child CBT (N=20)	TAPS Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 12 individual sessions (45–60 minutes each) with 3 parent meetings (45 minutes each) over 10 weeks Delivered by psychologist	Mean age: 12.4 (range: 8-16) Males: 35% Caucasian: 73.5% African American: 2.5% Hispanic: 15% Other: 10% Income range: $31,000-$120,000	13
			Control (N=20)	Waitlisting or no treatment		
Wergeland, 2014[82,83]	Norway RCT	GAD, SAD, SoP	Child CBT (N=91)	Friends Child CBT- (parents included <	Mean age: 11.4 (range: 8-15)	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	Outpatient			20%) Individual based Exposure Relaxation Cognitive problem solving 10 weekly sessions, lasting 60 min (ICBT), plus 2 parent only sessions Delivered by Psychologist, Masters level Clinician	Males: 48% Caucasian: 76% Hispanic: 0.5% Asian: 3% ADHD: 5% Depression: 8% ODD: 9% Tic disorder: 7%	
			Child CBT (N=88)	Friends Child CBT- (parents included < 20%) Group based Exposure Relaxation Cognitive problem solving 10 weekly sessions, lasting 90 minutes, plus 2 parents sessions Delivered by Psychologist, Masters level Clinician	Mean age: 11.7 (range: 8-15) Males: 45% Caucasian: 76% Hispanic: 0.5% Asian: 3% ADHD: 6% Depression: 16% ODD: 2% Tic disorder: 7%	
			Control (N=38)	Waitlisting or no treatment	Mean age: 11.4 (range: 8-15) Males: 50% Caucasian: 76% Hispanic: 0.5% Asian: 3% ADHD: 3% Depression: 11% ODD: 8% Tic disorder: 5%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
White, 2013[84]	United States RCT Mental Health Clinic	GAD, PD with agoraphobia, SAD, SoP, SP	Child CBT plus separate parent intervention (N=15)	Social Skills training Exposure Cognitive problem solving Individual therapy (up to 13 sessions), group therapy (skills practice, 7 sessions), and parent education and coaching (after each individual therapy session) Delivered by student/trainee	Mean age: 14 (range: 12-17) Males: 73% Caucasian: 80% Asian: 7% African American: 7% Other: 7% Autism: 100% OCD: 20%	0
			Control (N=15)	Waitlisting or no treatment	Mean age: 15 (range: 12-17) Males: 80% Caucasian: 93% African American: 7% Autism: 100% OCD: 20% PTSD: 7%	
Wood, 2009 [85]	United States RCT Outpatient	GAD, SAD, SoP	Child and parent together CBT (N=17)	Building confidence Individual based Exposure Cognitive problem solving 16 session 90 minutes (about 30 minutes with the child and 60 minutes with the parents/family Delivered by Psychologist, Student/trainee	Mean age: 9.2 (Range 7-11) Males: 71% Caucasian: 47% Hispanic: 12% Asian:24% Others: 18% Low income (<$40,000):22% Medium Income ($40,000-$90,000):25% High Income (>$90,000):45% College Graduate (parent); 71% Autism: 100%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					ADHD: 53% OCD: 47% ODD: 12% Dysthymia: 18%	
			Control (N=23)	Waitlisting or no treatment	Mean age: 9.18 (Range 7-11) Males: 65% Caucasian: 48% African American: 4% Hispanic: 13% Low income (<$40,000):22% Medium Income ($40,000-$90,000):25% High Income (>$90,000):45% Asian:9% Others: 26% College Graduate (parent): 60% Autism: 100% ADHD:65% OCD: 39% ODD: 26% PTSD: 4%	

ACT: acceptance and commitment theory, ADHD: attention deficit hyperactivity disorder, IAFS: intervencion en adolescents con fobia social (treatment for adolescents with social phobia), CBT: cognitive behavioral therapy, CGI: clinical global impression scale, GAD: generalized anxiety disorder, NR: not reported, OCD: obsessive compulsive disorder, ODD: oppositional defiant disorder, OST: one session treatment, PD: panic disorder, PTSD: post-traumatic stress disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SET-C: social effectiveness therapy, SHY: the SHY manual for social anxiety, SoP: social anxiety, SP: specific phobia. TAPS: treatment of anxiety and physical symptoms

eTable 5. Characteristics of the included studies comparing CBT vs pill placebo

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Beidel, 2007 [24]	United States RCT Mental Health Clinic	GAD, SAD, SP, SoP	SSRI: Fluoxetine (N=43)	10mg per day during week 1 and 2. Increasing dose up to 40mg/day for up to 12 weeks.	Mean age:11.56 (Range 7 – 17) Male: 53.23% Caucasian: 74.1% African American: 15.1% Hispanic: 2.1% Asian: 2.8% Other: 3.5%	52
			Child CBT (N=59)	Social Effectiveness Therapy (SET-C) Child CBT (Parents included <20%) Group and Individual based, Exposure, Relaxation, and Cognitive Problem Solving. 60 min individual session and one 150 min group session twice a week for 12 weeks.		
			Control (N=37)	Pill Placebo		
Walkup, 2008[17-23]	United States RCT Outpatient	GAD,SAD, SoP	Child CBT (N=139)	Coping Cat Child CBT (parents included <20%) Individual-based., Exposure, relaxation, cognitive problem solving. 60-minute session once a week for 12 weeks.	Mean age: 10.5 Male: 49.2% Caucasian: 76.3%, African American:10.1%, Hispanic: 9.2%, other: 4.5% Low income: 23.7% ADHD: 11.5%, ODD:13.8%, Tic disorder and other internalizing disorders: 41.7%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			SSRI: Sertraline (N=133)	Beginning with 25mg/day Up to 200 mg/day by 8th week, for 12 weeks.	Mean age: 10.8 Male: 51.1% Caucasian: 77.4%, African American: 9%, Hispanic: 11.3%, other: 2.3% Low income: 26.3% ADHD: 12.7%, ODD:8.2%, Tic disorder and other internalizing disorders: 55.6%	
			Combination therapy: CBT+ SSRI: Child CBT+ Sertraline (N=140)	Coping Cat, Child CBT (parents included <20%) Individual-based, Exposure, relaxation and cognitive problem solving plus Sertraline. 60-minute session once a week for 12 weeks plus up to 200 mg/day for 12 weeks.	Mean age: 10.7 Male: 49.6% Caucasian: 82.9%, African American: 7.9%, Hispanic: 5.6%, other: 3.6% Low income: 25.0% ADHD: 11.4%, ODD:10%, Tic disorder and other internalizing disorders: 42.8%	
			Control (N=76)	Pill Placebo	Mean age: 10.6 Male : 51.3% Caucasian: 79%, African American: 9%, Hispanic: 9%, other: 3% Low income: 27.6% ADHD: 118%, ODD:9.2%, Tic disorder and other internalizing disorders: 44.7%	

ACT: acceptance and commitment theory, ADHD: attention deficit hyperactivity disorder, IAFS: intervencion en adolescents con fobia social (treatment for adolescents with social phobia), CBT: cognitive behavioral therapy, CGI: clinical global impression scale, GAD: generalized anxiety disorder, NR: not reported, OCD: obsessive compulsive disorder, ODD: oppositional defiant disorder, OST: one session treatment, PD: panic disorder, PTSD: post-traumatic stress disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SET-C: social effectiveness therapy, SHY: the SHY manual for social anxiety, SoP: social anxiety, SP: specific phobia. TAPS: treatment of anxiety and physical symptoms

eTable 6. Characteristics of the included studies comparing CBT vs attention control/treatment as usual

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Ginsburg, 2002[86]	United States RCT School	GAD, SP, SoP, PD (agoraphobia)	Child CBT (N=6)	Group-based, Exposure, Relaxation, Cognitive problem solving. 45 min session over 10 weeks delivered by psychiatrists. No parent involvement.	Mean age: 15.6 (Range 14-17) Male: 16.6% African Americans: 100%	10
			Control (N=6)	Attention Control or Treatment as Usual Group based. 45-50 min session, one session a week, 10 sessions delivered by student trainee.		
Ginsburg, 2012[87]	United States RCT School-based Mental Health Clinic	GAD,SAD, SoP, SP	Child CBT (N=17)	Modular CBT Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 8 modules over 12 weeks (average 7.29); 20-45min sessions in school; efforts to involve parents in at least 3 sessions Delivered by doctoral psychologist	Mean age: 11.12 Male: 29.4% African American: 82%, other: 18% Low income: 23.5% Family stress: 100%	4
			Control (N=15)	Attention Control or Treatment as Usual	Mean age: 9.33 Male: 46.6% African American: 87%, other: 13% Low income: 40%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
					Family stress: 100%	
Halldorsdottir, 2016[88]	United States RCT Outpatient	GAD, SoP	Child CBT (N=50)	OST Exposure, Relaxation, Cognitive Problem Solving Individual-based 180 minute one session only	Mean age: 9.24 Male: 88% Mean income: 71.450	208
			Control (N=33)	Attention Control or Treatment as Usual Individual-based	Mean age: 8.97 Male: 90% Mean income: $73,232	
Herbert, 2009[89]	United States RCT Mental Health Clinic	GAD , PD (agoraphobia is not specified), SAD, SP, SoP	Child CBT (N= 23)	Generic CBT Group based Relaxation, exposure, Cognitive problem solving Delivered by master level clinicians. 120 min session per week for 12 weeks	Mean age: 14.6 (range 12 - 17) Male : 56.5% Caucasian: 52%, African Americans: 39%, Asian: 8.6%	52
			Child CBT (N= 24)	Generic CBT Individual based Relaxation, exposure, cognitive problem solving Delivered by master level clinicians. 60 min session per week for 12 weeks.	Mean age: 14.3 (range 12 - 17) Male: 25% Caucasian: 54.2%, African Americans: 45.8%	
			Control (N=26)	Attention Control or Treatment as Usual Psychoeducational-Supportive Therapy, Group based Delivered by master level clinicians 120 min session per week for 12 weeks	Mean age: 15.1 (range 12-17) Male: 53.8% Caucasian: 34.6%, African American: 50%, Hispanics: 7.69% Asians: 7.69%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Hudson, 2009[90]	Australia RCT Mental Health Clinic	GAD ,SAD, PD, SP, SoP	Child and parent together CBT (N= 60)	Cool kids Group based Exposure, Cognitive Problem Solving. 120 min session per week for 10 weeks.	Mean age; 10.2 (SD 2.4) (Range 7-16) Male: 53.3% Caucasian: 75%, Asian 6.6%, other:3.3% Low income: n= 8 Medium income: n= 21 High income: n= 22	13
			Control (N=52)	Attention Control or Treatment as Usual Group Support and Attention, group based 120 min session per week for 10 weeks	Mean age: 10.2 (SD 2.7) (Range 7-16) Male: 40.3% Caucasian: 65.3%%, Asian: 11.5%, others 5.7% Low income: n=16 Medium income: n=11 High income: n=17	
Ingul, 2014[91]	Norway RCT Mental Health Clinic	SoP	Child CBT (N=36)	Other CBT Exposure, Cognitive Problem Solving Individual-based Delivered by psychologist and masters level clinician 12, 50 min weekly sessions	Age mean: 14.98 (SD:0.94) Males: 43% ADHD: 14.29% Depression: 9.52% PTSD: 4.76%	52
			Child CBT (N=58)	Cat Project Exposure, Cognitive Problem Solving Group based 10, 90 min sessions	Age mean: 14.30(SD:0.89) Males: 40% ADHD: 5% Depression: 10%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Control (N=34)	Attention Control or Treatment as Usual 10, 90 min sessions	Age mean: 14.16 (SD:1.08) Males: 43% ADHD: 6.25% Depression: 6.25% OCD: 6.25% PTSD: 6.25%	
Kendall, 2008 [92,93]	United States RCT Mental Health Clinic	GAD,SAD, SoP,SP	Child CBT (N=55)	Coping Cat: Exposure , Relaxation, Cognitive problem solving Individual-based Weekly for 16 weeks, 60 min each session, parents at two	Age mean (years): 10.37 range (7-14) Caucasian: 83% Other:16% Low income (<$40,000): 20% Medium income ($40,000-$90,000):34% High income (>$90,000):38%	52
			Child and parent together CBT (N=56)	CC derivative Exposure Relaxation Cognitive problem solving Individual-based, family based Weekly for 16 weeks, 60 min each session	Age mean (years): 10.41 range (7-14) Caucasian: 80% Other: 16% Low income (<$40,000): 14% Medium income ($40,000-$90,000):46% High income (>$90,000):32%	
			Control (N=50)	Attention Control or Treatment as Usual Family education, support, and	Age mean (years): 10.03 range (7-14) Caucasian: 88%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				attention Weekly for 16 weeks, 60 min each session	Other:12% Low income (<$40,000): 10% Medium income ($40,000-$90,000):50% High income (>$90,000):30%	
Khanna, 2010[94]	United States RCT Mental Health Clinic	GAD, PD, SAD, SoP, SP	Child CBT (N=17)	Coping cat Exposure Relaxation Cognitive problem solving Individual-based Delivered by psychologist, student/ trainee Weekly for 12 weeks, 50 minute sessions	Age mean (years): 10.1 (range: 7-13) Males: 67% Caucasian: 83% African American: 14% Hispanic: 2% ADHD: 16% ODD:4% Tic disorder: 2%	13
			Distance (N=16)	Camp cope a lot Exposure Relaxation Cognitive problem solving Individual based Delivered by psychologist, student/ trainee Weekly for 12 weeks,		
			Control (N=16)	Attention Control or Treatment as Usual Individual-based, Technology-based Delivered by psychologist, student/ trainee Weekly for 12 weeks, 60 minute		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				sessions. 30 minutes of support and 30 minutes of computer.		
Last, 1998[95]	United States RCT Mental Health Clinic	SoP	Child and Parent together CBT (N=32)	Generic CBT Exposure Cognitive Problem solving Delivered by therapists and school contact person. 12, 60 min weekly sessions	Age mean (years): 11.67 Male: 59.3% Caucasian: 65.6% Hispanic: 3.1% African American: 3.1%	4
			Control (N=24)	Attention Control or Treatment as Usual 12, 60 min weekly sessions	Age mean (years): 12.4 Male: 37.5% Caucasian: 87.5% African American: 4.1% Hispanic: 8.2%	
Masia-Warner, 2007[96]	United States RCT School	GAD, SAD, SoP	Child CBT (N=19)	SASS: Skills for Academic and Social Success, Individual-based, group-based, Exposure Cognitive Problem Solving, 12 group sessions (40 minutes) and 2 individuals delivered by 2 doctoral level psychologists	Age mean (years): 15 (Range 14 -16) Male: 15.7% Caucasian: 73.6%, African: 5.2% African:15.78%, other: 5.2%	6
			Control (N=17)	Attention Control or Treatment as Usual Educational Supportive Group Function (ESGF), Individual-based, group-based, Relaxation Cognitive strategies 12 group sessions and 2 individual delivered by 2 doctoral level	Age mean (years): 15.1 (Range 14-16) Male: 17.64 Caucasian: 70.5%, African: 5.88% Hispanic: 17.6%, other: 5.88%	

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				psychologists.		
Muris, 2002 [97]	Netherlands RCT School	GAD, SAD, SoP	Child CBT (N=10)	Coping Koala Group based Exposure Relaxation Cognitive problem solving 12 30-minute sessions. 2 sessions per week delivered by student/trainee	Age range (9-12) years Caucasian: 90% Other: 10% Low income: 13 Medium income: 6 High income: 1 Male int1 ; 30% Male Int2 : 40%	13
			Control (N=10)	Attention Control or Treatment as Usual Emotional disclosure treatment program. Group based. 12 30-minute sessions over 6 weeks		
O'Brien, 2007 [98]	Ireland RCT Mental Health Clinic	Anxiety disorder	Child CBT (N=7)	Friends Child CBT- (parents included < 20%) Group based Exposure Relaxation Cognitive problem solving 10 90-minute weekly sessions, plus three parent session Delivered by 2 master level clinicians	Age mean (years): 13.8 (Range 7 – 15) Male: 28.57%	4
			Control (N=7)	Attention Control or Treatment as Usual	Age mean (years): 12.5 (Range 7 – 15) Male: 57.14%	
Ollendick, 2009 [62]	United States and Sweden	SP, SoP, SAD, GAD	Child CBT (N=85)	OST Child CBT- (parents included <	Caucasian: 90%, African American: 2.5%	36

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	RCT Outpatient Mental Health Clinic			20%) One Session Treatment Individual based Exposure 1 session of 3 hours Delivered by master level clinicians	Hispanic:: 2% Other: 4.5% Age range 7 -16 years Male: 45.8%	
			Control (N=70)	Attention Control or Treatment as Usual Education Support Treatment 1 session of 3 hours Delivered by master level clinicians	Caucasian: 90%, African American: 2.5% Hispanic:: 2% Other: 4.5% Range 7 – 16 Male: 44.2%	
			Control (N= 41)	Waitlisting or no treatment	Age range 7 -16 years Male: 46.3%	
Pincus, 2010[99]	United States RCT Mental Health Clinic	PD	Child CBT (N=13)	Panic control treatment Exposure Relaxation Cognitive problem solving Individual-based Delivered by psychologist 11 sessions over 12 weeks, 50 min	Age mean (years): 15.75 (range: 14-17) Males: 23% Caucasian: 100% Mean income: $97,500 (SD: $65,486)	26
			Control (N=13)	Attention Control or Treatment as Usual		
Reigada, 2015[100]	United States RCT Mental Health Clinic	GAD,PD with agoraphobia, PD without agoraphobia, SAD, SoP	Child CBT plus separate parent intervention (N=11)	TAPS Individual based Exposure Relaxation Cognitive problem solving 15 sessions; 13 1-hour weekly	Age mean (years): 13.65(range: 9-17) Caucasian: 82%, Other: 18% Low income (Less than $30,000): 10%	13

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				sessions and 2 boosters; parents received three 1-hr sessions. Delivered by doctoral psychologist	Medium income ($30,000-$90,000) : 20% High income (more than $90,000) : 70% Depression:18%	
			Control (N=11)	Attention Control or Treatment as Usual Offered social and emotional support	Age mean (years): 13.65(range: 9-17) Caucasian: 55%, African American: 9%, Hispanic: 18%, other : 18% Low income (Less than $30,000): 9% Medium income ($30,000-$90,000) : 36% High income (more than $90,000) : 55% Depression: 27%	
			Control (N=14)	Waitlisting or no treatment		
Rosa-Alcazar, 2007[101]	Spain RCT Schools	SoP	Child CBT (N=12)	IAFS Group based Exposure Cognitive problem solving Delivered by practicing clinician, 12 weekly sessions for 90 minutes each	Age mean (years) 15 Male:29%	26
			Control (N=13)	Attention Control or Treatment as Usual Educational Treatment, individual treatment-based		

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				12 weekly sessions for 90 minutes each		
Rosa-Alcazar, 2009[69]	Spain RCT Schools	GAD, PD without agoraphobia, PD (agoraphobia is not specified) SP	Child CBT (N=20)	IAFS Child CBT- (parents included < 20%) Group based Exposure Cognitive problem solving 12 90-minute weekly sessions Delivered by practicing clinician	Age mean (years) 15 (Range 14 -17) Male:25%	52
			Control (N=19)	Attention Control or Treatment as Usual Educational Treatment on anxiety and relaxation 12 90-minute weekly sessions	Age mean (years) 14.94 (14-17) Male: 31.5%	
			Control (N=18)	Attention Control or Treatment as Usual Education as Placebo 12 sessions of health education	Age mean (years) 14.75 (14-17) Male: 16.6%	
			Control (N=20)	Waitlisting or no treatment	Age mean (years) 14.77 Male: 40%	
Southam-Gerow, 2010[102]	United States RCT Mental Health Clinic	GAD, PD without agoraphobia, SAD, SoP, SP	Child CBT (N=24)	Coping Cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 14 sessions, 1 hour sessions over	Total population N = 48 Age mean (years): 10.9 (range: 8-15) Males: 44% Caucasian: 48% African American: 12.5% Hispanic: 27% Other: 10%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				12 weeks Delivered by psychologist, masters level clinicians, social workers	Low income (<30,000): 73% Medium income (30,000-90,000): 16% High income (>90,000): 10% ADHD: 42% Depression: 8% OCD:4.2% ODD:37.5% PTSD:6.25% Dysthymic disorder: 2%	
			Control (N=24)	Attention Control or Treatment as Usual		
Silk, 2016 [103]	United States RCT Outpatient	GAD,SAD, SoP	Child CBT (N=90)	Coping Cat Individual-based Exposure, Relaxation, Cognitive problem solving One session per week for 16 week	Age mean (years): 10.94 Male: 45% Caucasian: 91%, African American :2% , Hispanic: 1%, Other: 6% Mean income: 94.155	52
			Control (N=43)	Attention Control or Treatment as Usual Supportive child centered therapy (CCT) One session per week for 16 week	Age mean (years): 10.98 Male: 41% Caucasian: 88%, African American :6% , Hispanic: 2%, Other:4% Mean income: 78.632	
Warner, 2016[104]	United States RCT Outpatient	GAD, PD, SAD, SP, SoP	Child CBT (N=46)	SASS: Group-based exposure cognitive problem solving (Skills for Academic and Social Success provided by Psychologists) Delivered by doctoral level psychologist 12 in school group sessions (ranged from 50- 90 mints)	Age mean (years): 15.5 Male: 30.4% Caucasian: 74%, African American :4% , Hispanic: 4%, Asian: 12%, Other: 4% Mean income: 94.155	20

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics mean age (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
			Child CBT (N=47)	SASS: Group-based exposure cognitive problem solving Delivered by doctoral level psychologist 12 in school group sessions (ranged from 50- 90 mints)	Age mean (years): 15.34 Male: 29.7% Caucasian: 75%, African American :8% , Hispanic: 5%, Asian: 6%, Other: 6%	
			Control (N=43)	Attention Control or Treatment as Usual Relaxation, Cognitive problem solving. A nonspecific counseling program, SFL, controlled for the attention and group involvement.	Age mean (years): 15.37 Male: 37% Caucasian: 67%, African American :2% , Hispanic: 14%, Asian: 7%, Other: 9%	
Yen, 2014[105]	Taiwan Non-Randomized comparative studies Outpatient	GAD, SAD, SoP	Child CBT (N=30)	Coping cat Child CBT- (parents included < 20%) Individual based Exposure Relaxation Cognitive problem solving 17 weekly sessions Delivered by Psychologist	Age mean (years): 9.1 (range: 7-12)\ Males:40%	0
			Control (N=32)	Attention Control or Treatment as Usual	Age mean (years): 9.5 (range: 7-12) Males: 38%	

ADHD: attention deficit hyperactivity disorder, CC: coping cat, CCC: child centered therapy, IAFS: intervencion en adolescents con fobia social (treatment for adolescents with social phobia), CBT: cognitive behavioral therapy, CGI: clinical global impression scale, GAD: generalized anxiety disorder, NR: not reported, OCD: obsessive compulsive disorder, ODD: oppositional defiant disorder, PD: panic disorder, PTSD: post-traumatic stress disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SASS: skills for academic social success, SET-C: social effectiveness therapy, SFL: skills for life, SoP: social anxiety, SP: specific phobia, SSRI: selective serotonin reuptake inhibitor. TAPS: treatment of anxiety and physical symptoms.

eTable 7. Characteristics of studies evaluating combination of CBT with medications vs CBT

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Bernstein, 2000 [106]	United States RCT Outpatient	SP	Combination therapy: CBT+ TCA: imipramine+ child CBT (N=31)	Generic CBT CBT protocol for school refusal, but each subject had an anxiety disorder Exposure, Individual-based 8, 45 to 60 min weekly sessions 25 mg bid. Delivered by 2 doctoral level psychologists a master level clinician	Age mean (years); 13.9 Male: 39.6% Caucasian: 90% African Americans: 7.9% Hispanic: 1.5%	
			Combination therapy Placebo Pill plus child CBT (N=31)	Generic CBT CBT protocol for school refusal, but each subject had an anxiety disorder Exposure, Individual-based 8, 45 to 60 min weekly sessions level psychologists a master level clinician.		
Klein, 1992[107]	United States RCT Mental Health Clinic	SAD	TCA+ therapy: Imipramine plus child CBT (N=11)	Other Medication+ Imipramine Exposure cognitive strategies max of 5 mg/kg/day plus weekly therapy session for 6 weeks	Age mean (years): 9.5 (range:6-15) Male: 67% Caucasian: 100%	0
			Placebo Pill+ Child CBT (N=10)	Placebo plus exposure cognitive strategies max of 5 mg/kg/day plus weekly therapy session for 6 weeks		
Melvin,	Australia	GAD	Child CBT	Other Therapy	Age mean (years): 14 (Range: 11-	52

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
2016[108]	RCT Mental Health Clinic	SAD SoP	plus separate parent intervention (N=20)	Exposure, Relaxation, Cognitive Problem Solving Individual based Psychologist , masters level clinician and Student/trainee 24, 50-60min sessions, bi weekly and then weekly	16.5) Males: 50% Caucasian: 94% Asian: 6%	
			Child CBT plus separate parent intervention + Pill Placebo (N=21)	Other Therapy + Pill Placebo Exposure, Relaxation, Cognitive Problem Solving Individual based Psychologist , masters level clinician and Student/trainee 24, 50-60min sessions, bi weekly and then weekly	Age mean (years): 13.4 (Range:11-16.5) Males: 48% Caucasian: 94% Asian: 6%	
			Child CBT plus separate parent intervention plus SSRI: Fluoxetine (N=21)	Other Therapy + SSRI: Fluoxetine Exposure, Relaxation, Cognitive Problem Solving Individual based Psychologist , masters level clinician and Student/trainee 24, 50-60min sessions, bi weekly and then weekly	Age mean (years): 13.3 (Range:11-16.5) Males: 66% Caucasian: 94% Asian: 6%	
Walkup, 2008[17-23]	United States RCT Outpatient	GAD,SAD, SoP	Child CBT (N=139)	Coping Cat Child CBT (parents included <20%) Individual-based., Exposure, relaxation, cognitive problem solving. 60-minute session once a week	Age mean (years): 10.5 Male: 49.2% Caucasian: 76.3%, African American:10.1%, Hispanic: 9.2%, other: 4.5% Low income: 23.7% ADHD: 11.5%, ODD:13.8%, Tic	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
				for 12 weeks.	disorder and other internalizing disorders: 41.7%	
			SSRI: Sertraline (N=133)	Beginning with 25mg/day Up to 200 mg/day by 8th week, for 12 weeks.	Age mean (years): 10.8 Male: 51.1% Caucasian: 77.4%, African American: 9%, Hispanic: 11.3%, other: 2.3% Low income: 26.3% ADHD: 12.7%, ODD:8.2%, Tic disorder and other internalizing disorders: 55.6%	
			Combination therapy: CBT+ SSRI: Child CBT+ Sertraline (N=140)	Coping Cat, Child CBT (parents included <20%) Individual-based, Exposure, relaxation and cognitive problem solving plus Sertraline. 60-minute session once a week for 12 weeks plus up to 200 mg/day for 12 weeks.	Age mean (years): 10.7 Male: 49.6% Caucasian: 82.9%, African American: 7.9%, Hispanic: 5.6%, other: 3.6% Low income: 25.0% ADHD: 11.4%, ODD:10%, Tic disorder and other internalizing disorders: 42.8%	
			Control (N=76)	Pill Placebo	Age mean (years): 10.6 Male : 51.3% Caucasian: 79%, African American: 9%, Hispanic: 9%, other: 3% Low income: 27.6% ADHD: 118%, ODD:9.2%, Tic disorder and other internalizing disorders: 44.7%	

ADHD: attention deficit hyperactivity disorder, CBT: cognitive behavioral therapy, CGI: clinical global impression scale, GAD: generalized anxiety disorder, NR: not reported, ODD: oppositional defiant disorder, RCT: randomized controlled trial, SAD: separation anxiety disorder, SoP: social anxiety, SP: specific phobia, SSRI: selective serotonin reuptake inhibi

eTable 8. Characteristics of single-cohort observational studies with adverse events

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Biederman, 1987[109]	United States Case series/case report Outpatient	GAD, PD with agoraphobia, PD without agoraphobia, SAD, SoP	BCD: Clonazepam (N=3)	1 mg/day	Age mean (years): 10 (range: 8-11) Males: 66.6% Caucasian: 100%	21.5-156
Birmaher, 1994[110]	United States Case series Outpatient	SAD, SoP	SSRI: Fluoxetine (N=21)	Mean dose of 25.7 mg/day for up to 43 weeks	Age Range: (11- 17) years Male: 55% CGI>=6: 91%	0
Chavira, 2002[111]	United States Case series/case report Outpatient	SoP, SP	SSRI: Citalopram (N=12)	100-40 mg/day for 12 weeks	Age mean (years): 13.42 (range: 8-17) Males: 33.3% Caucasian: 6% African American: 8% Hispanic: 16.6% Others:25% Mean CGI-S=4.82	52
Chutko, 2011[112]	Kazakhstan Case series Outpatient	GAD	NMDA receptor antagonist Mebicar (N=32)	1000 mg/day for 4 weeks	Age range: 7-14 years	0
Compton, 2001[113]	United States RCT Outpatient	SoP	SSRI: Sertraline (N=14)	Maximum of 200 mg/day for 8 weeks	Age Range: (10-17) years Males: 57%	0
dAmato, 1962[114]	United States Case series/case report	SP	BZD: Chlordiazepoxide (N=9)	10-30mg/day for 1-4 weeks	Age range: 8-11 years Males: 44%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	Outpatient					
Dummit, 1996[115]	United States Case series/case report Outpatient	GAD, SAD, SoP, SP	SSRI: Fluoxetine (N=21)	20-60 mg/day for 9 weeks	Age mean (years): 8.2 (range: 8-14) Males: 24% Caucasian: 90% Asian: 9.5% ODD: 5% Learning disabilities: 14% Enuresis: 5% Trichotillomania: 5%	0
Fairbanks, 1997[116]	United States Case series/case report Outpatient	GAD, PD, PD with agoraphobia, SAD, SoP	SSRI: Fluoxetine (N=18)	Oral, 20- 40mg/day (children) or 20-80mg/day (adolescents) for 9 weeks.	Age mean (years): 11.9 (range: 9-17) Caucasian: 55% African American: 5% Hispanic: 5% Other: 5% Body Dysmorphic Disorder: 5%	0
Isolan, 2007[117]	Brazil Case series Mental Health Clinic	GAD, SAD, SP, SoP.	SSRI: Escitalopram (N= 20)	10-20 mg/day for 12 weeks.	Age mean (years): 15 (Range 10 -17) Male: 30%	NR
Karabekiroglu, 2011[118]	Turkey Case series Outpatient	GAD,SAD, SoP, SP	SSRI: Fluoxetine (N=40)	12 weeks of treatment.	Age mean (years): 10.08 (range: 7-17) Male: 57% ADHD: 7.5%, OCD : 2.5%, selective mutism: 2.5%	0
Lepola, 1996[119]	Finland Case series Outpatient	PD with agoraphobia	SSRI: Citalopram (N=3)	20mg/day for 34-64 weeks	Age range: 9-16 years Males: 66.6%	0

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
Mancini, 1999[120]	Canada Case series/ case report Outpatient	SoP	SSRI: Paroxetine (N=5)	40 - 80 mg/day for 5-24 weeks	Age Range: 7-18 years Males: 20% OCD: 40% Dysthymia: 40%	NR
			SARI: Nefazodone (N=1)	350 mg/day for 20 weeks	Age: 15 Males: 0%	
			SSRI: Sertraline (N=1)	175 mg/day,	Age: 17 Males: 0% Depression: 100% Dysthymia: 100%	
Masi, 2001[121]	Italy Case series Outpatient	GAD, PD with agoraphobia, PD without agoraphobia, SAD, SoP, SP	SSRI: paroxetine (N=18)	Average 23.9 mg/day Daily for 2-24 weeks	Age mean (years): 12.3 (range: 7-16) Males: 66.6% Depression: 22% OCD: 22% Tic Disorder: 11%	0
Mrakotsky, 2008[122]	United States Open-label pilot Outpatient	SoP	Tetracyclic antidepressant: Mirtazapine (N=18)	15-45 mg/day for 8 weeks	Age mean (years): 12.06 (range: 8-17) Males: 50% ODD: 5% Depression: 10%	NR
Renaud, 1999[123]	United States Case series Outpatient	GAD, PD, SAD, SoP, SP	SSRI (N=12)	9 received fluoxetine (34.4 mg/day) 2 received paroxetine (20 mg/day) 1 received of sertraline (125 mg/day)	Age mean (years): 12 (range: 7-17) Males: 42% Depression: 66.6% Substance abuse: 8% OCD: 8%	0
Simeon, 1987[124]	Canada Cross over	GAD	BZD: Alprazolam	0.5 mg to 1.5 mg/day	Age mean (years):11.5 (Range: 8-14)	4

Author, Year	Study country, study design, type of study, study settings	Type of anxiety/Severity (CGI)	Intervention and comparisons (n of patients)	Characteristics of interventions (psychotherapy: components, delivery model)/pharm: drug) intensity, duration (weeks))	Patient characteristics Age mean (years) (range) , male (%), race/ethnicity, comorbidity, household income, parent education, family dysfunction/stressor, treatment sequence, insurance, history of maltreatment)	Follow up after the end of intervention (weeks)
	study Outpatient		(N=12)		Males: 90% Caucasian: 100%	
Simeon, 1994[125]	Canada Case series Outpatient	GAD, SAD	Buspirone (N=15)	NR	Age mean (years): 10 (range: (6-14) Males: 66.6% ADHD: 27% Avoidant disorder: 7%	0
Zwier, 1993[126]	United States Case series/case report Inpatient	SoP	Buspirone (N=1)	20 mg/day for 52 weeks	Age: 16 Males: 100% Caucasian 100%	0

ADHD: attention deficit hyperactivity disorder, CGI: clinical global impression scale, GAD: generalized anxiety disorder, NMDA receptor: N-methyl-D-aspartate receptor, NR: not reported, OCD: obsessive compulsive disorder, ODD: oppositional defiant disorder, PD: panic disorder, SAD: separation anxiety disorder, SARI: serotonin antagonist reuptake inhibitor, SNRI: serotonin–norepinephrine reuptake inhibitor, SoP: social anxiety, SP: specific phobia, SRI: serotonin reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor

eTable 9. Pooled effect size and quality of evidence for primary anxiety symptoms (measured by clinician, child, and parent)

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
Medication classes versus pill placebo					
Benzodiazepine vs. Pill Placebo	Primary Anxiety, Clinician report	SMD: 0.30; 95% CI: -0.72 to 1.32; I^2=N/A	1 RCT (15 Patients)[7]	Severe imprecision (small sample size and wide CIs)	Low
SNRI vs. Pill Placebo	Primary Anxiety, Child report	SMD: -2.14; 95% CI: -9.75 to 5.48; I^2= 99.4%	3 RCTs (622 Patients)[5,8,13]	Severe imprecision (very wide CIs) and inconsistency	Insufficient
	Primary Anxiety, Parent report	SMD: -0.32; 95% CI: -0.63 to 0.00; I^2=N/A	1 RCT (153 Patients)[13]	Severe imprecision (small sample size and wide CIs)	Low
	Primary Anxiety, Clinician report	SMD: -0.45; 95% CI: -0.81 to -0.10; I^2=0.0%	3 RCTs (601 Patients)[5,13,14]	None	High
SSRI vs. Pill Placebo	Primary Anxiety, Child report	SMD: -0.42; 95% CI: -0.96 to 0.12; I^2=27.5%	4 RCTs (197 Patients)[3,4,12,15,24]	Severe imprecision (small sample size and wide CIs)	Low
	Primary Anxiety, Parent report	SMD: -0.61; 95% CI: -1.03 to -0.20; I^2=55.1%	2 RCTs (96 Patients)[3,12]	Imprecision (small sample size)	Moderate
	Primary Anxiety, Clinician report	SMD: -0.65; 95% CI: -1.10 to -0.21; I^2=73.4%	7 RCTs (675 Patients)[1,3,4,9,12,15,17,18,20-24,127]	Inconsistency	Moderate
	Remission	RR: 2.04; 95% CI: 1.37 to 3.04; I^2=N/A	2 RCTs (95 Patients)[3,4]	Imprecision small sample size)	Moderate
	Response	RR: 1.96; 95% CI: 1.60 to 2.40; I^2=0.0%	2 RCTs (396 Patients)[3,15]	Imprecision (small sample size)	Moderate
TCA vs. Pill Placebo	Primary Anxiety, Child report	SMD: 0.36; 95% CI: -0.27 to 0.99; I^2=45.6%	2 RCTs (41 Patients)[4,107]	Severe imprecision (small sample size and	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
				wide CIs).	
	Primary Anxiety, Parent report	SMD: 0.46; 95% CI: -0.41 to 1.33; I^2=N/A	1 RCT (21 Patients)[107]	Methodological limitations, severe imprecision (small sample size and wide CI)	Insufficient
	Remission	RR: 1.83; 95% CI: 0.74 to 4.55; I^2=N/A	1 RCT (20 Patients)[4]	Severe imprecision (small sample size and wide CIs)	Low
	Response	RR: 1.72; 95% CI: 1.01 to 2.91; I^2=N/A	1 RCT (35 Patients)[6]	Severe imprecision (small sample size and wide CIs)	Low
Medications versus pill placebo					
Atomoxetine (class: SNRI) vs. Pill Placebo	Primary Anxiety, Child report	SMD: -0.29; 95% CI: -0.51 to -0.08; I^2=0.0%	2 RCTs (331 Patients)[5,13]	Imprecision (small sample size)	Moderate
	Primary Anxiety, Clinician report	SMD: -0.56; 95% CI: -0.78 to -0.34; I^2=0.0%	2 RCTs (331 Patients)[5,13]	Imprecision (small sample size)	Moderate
	Primary Anxiety, Parent report	SMD: -0.23; 95% CI: -0.55 to 0.08; I^2 = N/A	1 RCT (155 Patients)[13]	Severe imprecision (small sample size and wide CIs)	Low
Clomipramine (class: TCA) vs. Pill Placebo	Primary Anxiety, Child report	SMD: -0.07; 95% CI: -0.95 to 0.81; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CIs)	Low
Duloxetine (class: SNRI) vs. Pill Placebo	Primary Anxiety, Clinician report	SMD: -0.43; 95% CI: -0.67 to -0.19; I^2=N/A	1 RCT (272 Patients)[14]	Imprecision (small sample size)	Moderate
Fluoxetine (class: SSRI) vs. Pill Placebo	Primary Anxiety, Child report	SMD:-0.38; 95% CI: -1.26 to 0.50; I^2=43.3%	2 RCTs (154 Patients)[3,4,24]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety,	SMD:-0.46; 95%	1 RCT (74 Patients)[3]	Severe	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
	Parent report	CI: -0.92 to 0.01; I^2=N/A		imprecision (wide CIs and small sample size)	
	Primary Anxiety, Clinician report	SMD:-0.40; 95% CI: -0.72 to -0.01; I^2=N/A	2 RCTs (154 Patients)[3,24]	Severe imprecision (wide CIs and small sample size)	Low
	Remission	RR: 2.04; 95% CI: 1.32 to 3.04; I^2=N/A	2 RCTs (95 Patients)[3,4]	Imprecision (small sample size)	Moderate
	Response	RR: 1.70; 95% CI: 1.01 to 2.82; I^2=0.0%	1 RCT (74 Patients)[3]	Severe imprecision (wide CIs and small sample size)	Low
Fluvoxamine (class: SSRI) vs. Pill Placebo	Primary Anxiety, Clinician report	SMD: -0.97; 95% CI: -1.31 to -0.63; I^2=69.1%	2 RCTs (153 Patients)[1,9]	Imprecision (small sample size) and inconsistency	Low
Imipramine (class: TCA) vs. Pill Placebo	Primary Anxiety, Child report	SMD: 0.80; 95% CI: -0.10 to 1.70; I^2=N/A	1 RCT (21 Patients)[107]	Methodological limitations, severe imprecision (small sample size and wide CI)	Insufficient
	Primary Anxiety, Parent report	SMD: 0.46; 95% CI: -0.41 to 1.33; I^2=N/A	1 RCT (21 Patients)[107]	Methodological limitations, severe imprecision (small sample size and wide CI)	Insufficient
Paroxetine (class: SSRI) vs. Pill Placebo	Primary Anxiety, Clinician report	SMD: -0.71; 95% CI: -1.06 to -0.37; I^2=N/A	1 RCT (137 Patients)[15]	Imprecision (small sample size)	Moderate
	Response	RR: 2.02; 95% CI:1.62 to 2.51; I^2=N/A	1 RCT (322 Patients)[15]	Imprecision (small sample size)	Moderate
Sertraline (class: SSRI) vs. Pill Placebo	Primary Anxiety, Child report	SMD: -0.75; 95% CI: -1.62 to 0.12; I^2=N/A	1 RCT (22 patients)[12]	Severe imprecision (wide CIs and small sample size)	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
	Primary Anxiety, Parent report	SMD: -1.24; 95% CI: -2.16 to -0.32; I^2=N/A	1 RCT (22 Patients)[12]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Clinician report	SMD: -0.71; 95% CI: -0.99 to -0.42; I^2=89.9%	2 RCTs (231 Patients)[12,17,18,20-23,127]	Imprecision (small sample size), inconsistency	Low
Venlafaxine (class: SNRI) vs. Pill Placebo	Primary Anxiety, Child report	SMD: -1.96; 95% CI: -2.23 to -1.64; I^2=99.6%	2 RCTs (443 Patients)[8,13]	Inconsistency	Moderate
	Primary Anxiety, Parent report	SMD: -0.32; 95% CI: -0.63 to 0.00; I^2=N/A	1 RCT (153 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Clinician report	SMD: -0.42; 95% CI: -0.74 to -0.10; I^2=N/A	1 RCT (153 Patients)[13]	Imprecision (small sample size)	Moderate
Clonazepam (class: Benzodiazepine) vs. Pill Placebo	Primary Anxiety, Clinician report	SMD: 0.30; 95% CI: -0.72 to 1.32; I^2=N/A	1 RCT (15 Patients)[7]	Severe imprecision (wide CIs and small sample size)	Low
Venlafaxine (class: SNRI) vs. Attention Control or Treatment As Usual	Primary Anxiety, Child report	SMD: -0.40; 95% CI: -0.72 to -0.09; I^2=N/A	1 RCT (158 Patients)[13]	Imprecision (small sample size)	Moderate
	Primary Anxiety, Parent report	SMD: -0.42; 95% CI: -0.73 to -0.10; I^2=N/A	1 RCT (158 Patients)[13]	Imprecision (small sample size)	Moderate
	Primary Anxiety, Clinician report	SMD: -0.09; 95% CI: -0.40 to 0.22; I^2=N/A	1 RCT (158 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
Atomoxetine (class: SNRI) vs. Attention Control or Treatment As Usual	Primary Anxiety, Child report	SMD: -0.26; 95% CI: -0.57 to 0.05; I^2=N/A	1 RCT (154 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Parent report	SMD: -0.34; 95% CI: -0.65 to -	1 RCT (154 Patients)[13]	Severe imprecision (wide	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
		0.03; I^2=N/A		CIs and small sample size)	
	Primary Anxiety, Clinician report	SMD: -0.33; 95% CI: -0.65 to -0.02; I^2=N/A	1 RCT (154 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
Medications versus medications					
Fluoxetine (class: SSRI) vs. Clomipramine (class: TCA)	Primary Anxiety, Child report	SMD: -1.01; 95% CI: -2.02 to -0.09; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (wide CIs and small sample size)	Low
	Remission	RR: 1.20; 95% CI: 0.69 to 2.09; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (wide CIs and small sample size)	Low
Venlafaxine (class: SNRI) vs. Atomoxetine (class: SNRI)	Primary Anxiety, Child report	SMD: -0.12; 95% CI: -0.43 to 0.20; I^2=N/A	1 RCT (154 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Parent report	SMD: -0.08; 95% CI: -0.39 to 0.24; I^2=N/A	1 RCT (154 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Clinician report	SMD: 0.25; 95% CI: -0.07 to 0.57 I^2=N/A	1 RCT (154 Patients)[13]	Severe imprecision (wide CIs and small sample size)	Low
Medications versus CBT					
Fluoxetine (class: SSRI) vs. CBT	Primary Anxiety, Child report	SMD:-0.16; 95% CI: -0.55 to 0.24; I^2=N/A	1 RCT (102 Patients)[24]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Clinician report	SMD:0.78; 95% CI:0.37 to 1.18; I^2=N/A	1 RCT (102 Patients)[24]	Imprecision (small sample size)	Moderate
Sertraline (class: SSRI) vs. CBT	Primary Anxiety, Clinician report	SMD: -0.15; 95% CI: -0.31 to 0.02; I^2= N/A	1 RCT (272 Patients)[17,18,20-23,127]	Severe imprecision (wide CIs and small sample size)	Low
	Remission	RR: 1.00; 95% CI: 0.77 to 1.29; I^2=N/A	1 RCT (272 Patients)[17,18,20-23,127]	Severe imprecision (wide CIs and small sample size)	Low
	Response	RR: 0.92; 95% CI: 0.75 to 1.13;	1 RCT (272 Patients)[17,18,20-23,127]	Severe imprecision (wide CIs and	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
		I^2=N/A		small sample size)	
CBT versus pill placebo, waitlisting/no treatment, or attention control/treatment as usual					
CBT vs. Pill Placebo	Primary Anxiety, Child report	SMD: -0.22; 95% CI: -0.64 to 0.19; I^2=N/A	1 RCT (96 Patients)[24]	Severe imprecision (wide CIs and small sample size)	Low
	Primary Anxiety, Clinician report	SMD: -0.61; 95% CI: -0.85 to -0.37; I^2=89.1%	2 RCTs (311 Patients)[17,18,20-24,127]	Methodological limitations, inconsistency, imprecision (small sample size)	Insufficient
CBT vs. Waitlisting or No Treatment	Primary Anxiety, Child report	SMD: -0.77; 95% CI: -1.06 to -0.47; I^2=86.5%	41 RCTs, 2 non-randomized comparative studies (2,297 Patients)[26-30,33-35,37-40,43-45,47-55,60-67,69-72,74-79,82,83,85,128]	Inconsistency3	Moderate
	Primary Anxiety, Parent report	SMD: -0.88; 95% CI: -1.23 to -0.54; I^2=81.2%	27 RCTs 2 non-randomized comparative studies (1,540 Patients)[25-27,33,34,37-39,45-49,51-53,57,58,61,64-67,69,74,76,78,79,82,83,85]	Inconsistency3	Moderate
	Primary Anxiety, Clinician report	SMD: -1.38; 95% CI: -1.95 to -0.81; I^2=88.3%	32 RCTs, 2 non-randomized comparative studies (1,926 Patients)[27,28,30,34,35,37,40,41,43-46,49,51,52,54,57,58,60,62,64,66,69-72,76-82,84,85]	Inconsistency3	Moderate
	Remission	RR: 4.08; 95% CI: 1.05 to 15.80; I^2=80.8%	7 RCTs (307 Patients)[29,34,42,45,61,69,80]	Imprecision (small sample size), inconsistency	Low
	Response	RR: 4.72; 95% CI: 2.39 to 9.32; I^2=80.4%	14 RCTs (733 Patients)[38,39,44-46,48,51-53,62,64,70,76,77,80,81,93]	Inconsistency	Moderate
CBT vs. Attention Control or Treatment As Usual	Primary Anxiety, Child report	SMD:-0.36; 95% CI: -0.67 to -0.05; I^2=60.5%	12 RCTs, 1 non-randomized comparative study(704 Patients)[86,87,90-92,94-96,99-101,104,105]	Borderline imprecision and inconsistency	Moderate
	Primary Anxiety Clinician report	SMD:-0.11; 95% CI: -0.36 to 0.14; I^2=28.6%	9 RCTs (486 Patients)[87-90,94,98,99,102,104]	Methodological limitations and imprecision (wide	Low

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
				CIs)	
	Primary Anxiety, Parent report	SMD: 0.04; 95% CI: -0.17 to 0.24; I^2=0.0%	7 RCTs, 1 non-randomized comparative study (533 Patients)[87,89,90,92,93,96,102,104,105]	Methodological limitations, imprecision (wide CIs)	Low
	Remission	RR: 1.51; 95% CI: 0.95 to 2.40; I^2=0.0%	4 RCTs (366 Patients}[87,90,103,104]	severe imprecision (small sample size and wide CIs)	Low
	Response	RR:1.90, 95% CI: 0.68 to 5.30; I^2=67.2%	5 RCTs (374 Patients)[87,90,92,93,96,104]	Methodological limitations, severe imprecision (small sample size and wide CIs), inconsistency	Insufficient
CBT combined with medications					
Imipramine (class: TCA) + CBT vs. CBT	Primary Anxiety, Child report	SMD: -0.74; 95% CI: -1.26 to -0.23; I^2=N/A	1 RCT (63 Patients)[106]	Imprecision (small sample size)	Moderate
	Primary Anxiety. Clinician report	SMD: -0.61; 95% CI: -1.11 to 0.10; I^2=N/A	1 RCT (63 Patients)[106]	Severe imprecision (small sample size and wide CI)	Low
	Response	RR: 1.71; 96% CI: 0.69 to 4.24; I^2=N/A	1 RCT (41 Patients)[108]	Severe imprecision (small sample size and wide CI)	Low
	Remission	RR: 0.24; 95% CI: 0.06 to 0.99; I^2=N/A	1 RCT (41 Patients)[108]	Severe imprecision (small sample size and wide CI)	Low
CBT + Sertraline (class: SSRI) vs. CBT	Primary Anxiety, Clinician report	SMD: -0.69; 95% CI: -0.93 to -0.45; I^2=N/A	1 RCT (279 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate
	Remission	RR: 1.51; 95% CI: 1.22 to 1.86; I^2=N/A	1 RCT (279 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate

Comparison	Outcome	Conclusion	Study design and sample size1	Factors that affect the quality of evidence2	Overall quality of evidence
	Response	RR: 1.35; 95% CI: 1.15 to 1.58; I^2=N/A	1 RCT (279 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate
CBT+ Sertraline (class: SSRI) vs. Sertraline (class: SSRI)	Primary Anxiety, Clinician report	SMD: -0.46; 95% CI: -0.70 to -0.22; I^2=N/A	1 RCT (273 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate
	Remission	RR: 1.51; 95% CI: 1.22 to 1.87; I^2=N/A	1 RCT (273 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate
	Response	RR: 1.47; 95% CI: 1.24 to 1.75; I^2=N/A	1 RCT (273 Patients)[17,18,20-23,127]	Imprecision (small sample size)	Moderate

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RCT: randomized control trial, RR: relative risk, SMD: standardized mean difference, SNRI: serotonin–norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressants.

[1]The sample size includes the number of patients from each comparison.

[2]Only QOE domains that led to rating down QOE are reported in this column. Domains that are not reported were satisfactory.

eTable 10. Pairwise comparison for primary anxiety symptoms (clinician report) by medication class*

Pill Placebo	-1.34 (-3.20,0.51)	-1.17 (-2.18,-0.16)	-0.31 (-1.15,0.53)	0.39 (-0.43,1.21)	-0.74 (-1.51,0.02)	0.28 (-1.63,2.19)	-0.45 (-1.36,0.46)	-0.72 (-1.31,-0.12)
	TCA+CBT	0.17 (-1.82,2.16)	1.03 (-0.73,2.79)	1.73 (0.01,3.45)	0.60 (-1.09,2.29)	1.62 (-1.04,4.28)	0.89 (-1.12,2.91)	0.63 (-1.25,2.50)
		SSRI+CBT	0.86 (-0.28,2.00)	1.56 (0.46,2.66)	0.43 (-0.63,1.49)	1.45 (-0.71,3.61)	0.72 (-0.61,2.05)	0.45 (-0.57,1.48)
			Attention control/treatment as usual	0.70 (0.12,1.28)	-0.43 (-0.93,0.06)	0.59 (-1.49,2.67)	-0.14 (-1.26,0.98)	-0.41 (-1.30,0.49)
				Waitlisting/no treatment	-1.13 (-1.44,-0.82)	-0.11 (-2.18,1.97)	-0.84 (-1.98,0.30)	-1.10 (-1.97,-0.24)
					CBT	1.02 (-1.03,3.08)	0.30 (-0.80,1.39)	0.03 (-0.78,0.84)
						Benzodiazepine	-0.73 (-2.84,1.39)	-1.00 (-2.99,1.00)
							SNRI	-0.27 (-1.33,0.80)
								SSRI

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 11. Pairwise comparison for primary anxiety symptoms (clinician report) by medication*

Pill Placebo	-1.37 (-3.33,0.58)	-1.29 (-2.40,-0.18)	-0.33 (-1.23,0.57)	0.36 (-0.52,1.24)	-0.78 (-1.60,0.05)	-0.60 (-1.76,0.56)	-0.39 (-1.90,1.11)	0.28 (-1.70,2.26)	-0.43 (-2.14,1.28)	-0.71 (-2.42,1.00)	-0.58 (-1.67,0.52)	-0.39 (-1.42,0.65)	-1.04 (-2.03,-0.05)
	Imipramine +CBT	0.08 (-2.01,2.18)	1.04 (-0.80,2.89)	1.74 (-0.06,3.53)	0.60 (-1.17,2.37)	0.77 (-1.42,2.96)	0.98 (-1.38,3.34)	1.65 (-1.13,4.43)	0.95 (-1.65,3.54)	0.66 (-1.93,3.26)	0.80 (-1.42,3.01)	0.99 (-1.15,3.12)	0.34 (-1.73,2.40)
		Sertraline +CBT	0.96 (-0.25,2.17)	1.65 (0.48,2.82)	0.51 (-0.61,1.64)	0.69 (-0.86,2.24)	0.90 (-0.91,2.70)	1.57 (-0.70,3.84)	0.86 (-1.18,2.90)	0.58 (-1.46,2.62)	0.71 (-0.83,2.26)	0.90 (-0.56,2.37)	0.25 (-0.92,1.42)
			AC/TAU	0.69 (0.09,1.30)	-0.44 (-0.97,0.08)	-0.27 (-1.57,1.03)	-0.06 (-1.61,1.48)	0.61 (-1.56,2.79)	-0.10 (-2.03,1.84)	-0.38 (-2.31,1.56)	-0.24 (-1.63,1.14)	-0.06 (-1.32,1.21)	-0.71 (-1.85,0.44)
				Waitlisting/no treatment	-1.14 (-1.46,-0.81)	-0.96 (-2.29,0.37)	-0.75 (-2.34,0.83)	-0.08 (-2.25,2.09)	-0.79 (-2.71,1.14)	-1.07 (-3.00,0.85)	-0.94 (-2.31,0.43)	-0.75 (-1.99,0.49)	-1.40 (-2.51,-0.29)
					CBT	0.17 (-1.12,1.47)	0.38 (-1.18,1.94)	1.06 (-1.09,3.20)	0.35 (-1.55,2.25)	0.07 (-1.83,1.96)	0.20 (-1.13,1.53)	0.39 (-0.81,1.59)	-0.26 (-1.32,0.79)
						Atomoxetine	0.21 (-1.39,1.81)	0.88 (-1.41,3.17)	0.17 (-1.89,2.24)	-0.11 (-2.17,1.96)	0.03 (-1.56,1.61)	0.21 (-1.31,1.74)	-0.44 (-1.91,1.04)
							Venlafaxine	0.67 (-1.81,3.16)	-0.03 (-2.31,2.25)	-0.32 (-2.60,1.96)	-0.18 (-2.04,1.67)	0.01 (-1.79,1.80)	-0.64 (-2.39,1.10)
								Clonazepam	-0.71 (-3.32,1.91)	-0.99 (-3.60,1.63)	-0.86 (-3.12,1.41)	-0.67 (-2.90,1.57)	-1.32 (-3.53,0.89)
									Duloxetine	-0.28 (-2.70,2.14)	-0.15 (-2.18,1.88)	0.04 (-1.96,2.04)	-0.61 (-2.59,1.37)
										Paroxetine	0.13 (-1.90,2.16)	0.32 (-1.68,2.32)	-0.33 (-2.31,1.65)
											Fluvoxamine	0.19 (-1.06,1.43)	-0.46 (-1.93,1.00)

												Fluoxetine	-0.65 (-2.04,0.74)
													Sertraline

AC/TAU: Attention control/treatment as usual, CBT: cognitive behavioral therapy
*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 12. Pairwise comparison for primary anxiety symptoms (child report) by medication class*

Pill Placebo	-1.12 (-2.84,0.61)	-0.45 (-2.21,1.31)	0.04 (-0.88,0.96)	0.31 (-0.64,1.26)	-0.38 (-1.30,0.54)	0.42 (-0.67,1.51)	-0.39 (-1.17,0.40)	-0.52 (-1.26,0.21)
	TCA+CBT	0.67 (-1.42,2.76)	1.16 (-0.35,2.66)	1.43 (-0.05,2.90)	0.74 (-0.72,2.19)	1.54 (-0.48,3.56)	0.73 (-1.08,2.54)	0.59 (-1.20,2.39)
		SSRI+CBT	0.49 (-1.05,2.03)	0.76 (-0.76,2.27)	0.07 (-1.43,1.56)	0.87 (-1.18,2.92)	0.06 (-1.78,1.91)	-0.07 (-1.90,1.75)
			Attention control/treatment as usual	0.27 (-0.16,0.70)	-0.42 (-0.79,-0.05)	0.38 (-1.02,1.78)	-0.43 (-1.49,0.64)	-0.56 (-1.62,0.49)
				Waitlistingno / treatment	-0.69 (-0.93,-0.45)	0.11 (-1.31,1.53)	-0.70 (-1.79,0.40)	-0.83 (-1.90,0.24)
					CBT	0.80 (-0.60,2.20)	-0.00 (-1.08,1.07)	-0.14 (-1.19,0.90)
						Benzodiazepine	-0.81 (-2.15,0.53)	-0.94 (-2.14,0.25)
							SNRI	-0.14 (-1.19,0.91)
								SSRI

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 13. Pairwise comparison for primary anxiety symptoms (child report) by medication*

Pill Placebo	-1.13 (-2.87,0.62)	-0.46 (-2.24,1.32)	0.03 (-0.90,0.96)	0.30 (-0.66,1.26)	-0.39 (-1.32,0.54)	-0.28 (-1.22,0.67)	-0.44 (-1.38,0.50)	0.77 (-0.88,2.42)	0.16 (-1.33,1.66)	-1.04 (-2.78,0.71)	-0.52 (-1.37,0.33)	-0.72 (-2.36,0.92)
	Imipramine+CBT	0.67 (-1.45,2.79)	1.16 (-0.37,2.68)	1.43 (-0.07,2.93)	0.74 (-0.74,2.21)	0.85 (-1.03,2.74)	0.69 (-1.20,2.57)	1.89 (-0.51,4.30)	1.29 (-0.97,3.55)	0.09 (-2.30,2.48)	0.61 (-1.24,2.45)	0.41 (-1.99,2.80)
		Fluoxetine+CBT	0.49 (-1.07,2.05)	0.76 (-0.78,2.30)	0.07 (-1.45,1.58)	0.18 (-1.73,2.10)	0.02 (-1.90,1.93)	1.23 (-1.20,3.65)	0.62 (-1.66,2.90)	-0.58 (-2.99,1.84)	-0.06 (-1.93,1.81)	-0.26 (-2.68,2.16)
			Attention control/treatment as usual	0.27 (-0.17,0.71)	-0.42 (-0.79,-0.05)	-0.31 (-1.46,0.85)	-0.47 (-1.62,0.68)	0.74 (-1.16,2.63)	0.13 (-1.58,1.84)	-1.07 (-2.95,0.82)	-0.55 (-1.66,0.56)	-0.75 (-2.63,1.13)
				Waitlisting no / treatment	-0.69 (-0.93,-0.45)	-0.58 (-1.77,0.62)	-0.74 (-1.93,0.45)	0.47 (-1.44,2.37)	-0.14 (-1.86,1.58)	-1.34 (-3.23,0.56)	-0.82 (-1.94,0.30)	-1.02 (-2.92,0.88)
					CBT	0.12 (-1.05,1.28)	-0.05 (-1.22,1.12)	1.16 (-0.74,3.05)	0.55 (-1.16,2.26)	-0.65 (-2.52,1.23)	-0.13 (-1.23,0.97)	-0.33 (-2.21,1.56)
						Atomoxetine	-0.16 (-1.32,0.99)	1.04 (-0.86,2.94)	0.44 (-1.32,2.19)	-0.76 (-2.72,1.20)	-0.24 (-1.48,0.99)	-0.44 (-2.33,1.45)
							Venlafaxine	1.21 (-0.69,3.11)	0.60 (-1.15,2.36)	-0.60 (-2.56,1.37)	-0.08 (-1.31,1.16)	-0.28 (-2.17,1.61)
								Imipramine	-0.61 (-2.83,1.62)	-1.80 (-4.20,0.60)	-1.29 (-3.14,0.57)	-1.48 (-3.81,0.84)
									Clomipramine	-1.20 (-3.34,0.94)	-0.68 (-2.18,0.82)	-0.88 (-3.10,1.34)
										Fluvoxamine	0.52 (-1.01,2.04)	0.32 (-2.07,2.71)
											Fluoxetine	-0.20 (-2.04,1.64)
												Sertraline

CBT: cognitive behavioral therapy

*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 14. Pairwise comparison for primary anxiety symptoms (parent report) by medication class*

Pill Placebo	0.12 (-1.11,1.36)	0.77 (-0.57,2.10)	0.01 (-1.30,1.33)	0.44 (-1.05,1.93)	-0.31 (-1.56,0.94)	-0.76 (-1.75,0.22)
	Attention control/treatment as usual	0.64 (0.13,1.16)	-0.11 (-0.56,0.34)	0.32 (-1.62,2.25)	-0.44 (-1.68,0.81)	-0.89 (-2.47,0.70)
		Waitlisting/no treatment	-0.75 (-1.01,-0.49)	-0.32 (-2.33,1.68)	-1.08 (-2.42,0.27)	-1.53 (-3.19,0.13)
			CBT	0.43 (-1.56,2.41)	-0.33 (-1.65,1.00)	-0.78 (-2.42,0.87)
				TCA	-0.75 (-2.69,1.19)	-1.20 (-2.99,0.58)
					SNRI	-0.45 (-2.04,1.14)
						SSRI

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 15. Pairwise comparison for primary anxiety symptoms (parent report) by medication*

Pill Placebo	0.12 (-1.13,1.37)	0.76 (-0.59,2.12)	0.01 (-1.32,1.34)	-0.23 (-1.48,1.03)	-0.31 (-1.57,0.95)	0.44 (-1.06,1.94)	-0.35 (-2.23,1.54)	-0.45 (-1.76,0.85)	-1.19 (-2.72,0.34)
	Attention control/ treatment as usual	0.64 (0.12,1.16)	-0.11 (-0.56,0.34)	-0.35 (-1.61,0.91)	-0.43 (-1.69,0.83)	0.32 (-1.63,2.27)	-0.47 (-2.73,1.79)	-0.57 (-2.38,1.24)	-1.31 (-3.29,0.66)
		Waitlistingno/ treatment	-0.75 (-1.01,-0.49)	-0.99 (-2.35,0.37)	-1.07 (-2.43,0.29)	-0.32 (-2.34,1.70)	-1.11 (-3.43,1.21)	-1.21 (-3.09,0.66)	-1.96 (-4.00,0.09)
			CBT	-0.24 (-1.57,1.10)	-0.32 (-1.65,1.02)	0.43 (-1.57,2.43)	-0.36 (-2.66,1.95)	-0.46 (-2.32,1.40)	-1.20 (-3.23,0.82)
				Atomoxetine	-0.08 (-1.34,1.18)	0.67 (-1.29,2.62)	-0.12 (-2.39,2.15)	-0.23 (-2.04,1.59)	-0.97 (-2.95,1.01)
					Venlafaxine	0.75 (-1.21,2.71)	-0.04 (-2.31,2.23)	-0.14 (-1.96,1.67)	-0.88 (-2.87,1.10)
						Imipramine	-0.79 (-3.19,1.62)	-0.89 (-2.88,1.10)	-1.63 (-3.77,0.51)
							Fluvoxamine	-0.11 (-1.46,1.25)	-0.85 (-3.27,1.58)
								Fluoxetine	-0.74 (-2.75,1.27)
									Sertraline

CBT: cognitive behavioral therapy

*Effect size presented as standardized mean difference (SMD) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 16. Pairwise comparison for remission by medication class*

Pill Placebo	1.86(0.94,3.71)	1.52(0.64,3.63)	0.61(0.24,1.58)	2.72(1.36,5.37)	1.72(0.66,4.53)	2.01(1.16,3.49)
	SSRI+CBT	0.82(0.39,1.73)	0.33(0.14,0.77)	1.45(0.84,2.53)	0.92(0.33,2.64)	1.08(0.62,1.88)
		Attention control/treatment as usual	0.4(0.17,0.92)	1.77(1.04,3.03)	1.13(0.35,3.63)	1.32(0.62,2.83)
			Waitlistingno / treatment	4.44(2.29,8.58)	2.83(0.83,9.68)	3.29(1.39,7.77)
				CBT	0.64(0.23,1.8)	0.74(0.43,1.28)
					TCA	1.17(0.47,2.89)
						SSRI

CBT: cognitive behavioral therapy, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant

*Effect size presented as relative risk (RR) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 17. Pairwise comparison for remission by medication*

Pill Placebo	0.48(0.07,3.46)	1.82(0.69,4.85)	1.06(0.33,3.35)	0.43(0.13,1.45)	2.01(0.76,5.42)	1.77(0.57,5.53)	2.08(0.92,4.66)	1.75(0.66,4.66)
	Fluoxetine +CBT	3.78(0.6,24.05)	2.2(0.36,13.46)	0.89(0.14,5.64)	4.22(0.76,23.1)	3.67(0.38,35.87)	4.31(0.51,36.23)	3.67(0.58,23.1)
		Sertraline + CBT	0.58(0.23,1.45)	0.23(0.09,0.63)	1.11(0.55,2.2)	0.97(0.21,4.35)	1.14(0.32,4.06)	0.96(0.48,1.93)
			Attention control/treatment as usual	0.4(0.16,1)	1.92(1.05,3.49)	1.67(0.33,8.5)	1.97(0.48,8.08)	1.67(0.66,4.18)
				Waitlisting no/ treatment	4.76(2.32,9.68)	4.14(0.78,21.98)	4.9(1.13,21.12)	4.14(1.52,11.25)
					CBT	0.88(0.19,3.94)	1.03(0.29,3.67)	0.87(0.44,1.75)
						Clomipramine	1.17(0.41,3.35)	0.99(0.22,4.48)
							Fluoxetine	0.84(0.24,3)
								Sertraline

CBT: cognitive behavioral therapy

*Effect size presented as relative risk (RR) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 18. Pairwise comparison for response by medication class*

Pill Placebo	2.59(0.44,15.03)	0.93(0.14,6.17)	0.41(0.07,2.64)	1.79(0.31,10.38)	1.86(0.63,5.42)
	SSRI+CBT	0.36(0.1,1.34)	0.16(0.05,0.57)	0.69(0.23,2.12)	0.71(0.18,2.89)
		Attention control/treatment as usual	0.44(0.18,1.06)	1.92(0.97,3.78)	1.97(0.42,9.39)
			Waitlisting/no treatment	4.35(2.41,7.77)	4.48(0.98,20.29)
				CBT	1.03(0.26,4.18)
					SSRI

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor
*Effect size presented as relative risk (RR) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 19. Pairwise comparison for response by medication*

Pill Placebo	2.48(0, 9530426.23)	1.84(0, 6851649.61)	0.75(0, 2623447.89)	0.32(0, 1110143.67)	1.45(0, 4975318.77)	2.01(0.39, 10.38)	1.34(0.12, 14.44)	1.7(0.31, 9.21)	1.4(0, 5178365.38)
	Fluoxetine+ CBT	0.74(0.06, 8.76)	0.3(0.04, 2.23)	0.13(0.02, 0.91)	0.58(0.09, 3.74)	0.81(0, 3402428.5)	0.54(0, 2495500.83)	0.68(0, 2870509.22)	0.57(0.05, 6.69)
		Sertraline+ CBT	0.41(0.07, 2.44)	0.17(0.03, 0.99)	0.79(0.15, 4.01)	1.09(0, 4457060.38)	0.73(0, 3236490.11)	0.92(0, 3760265.03)	0.76(0.15, 3.86)
			Attention control or treatment as usual	0.43(0.17, 1.08)	1.93(0.92, 4.01)	2.69(0, 10221460.11)	1.77(0, 7496898.8)	2.25(0, 8623486.27)	1.86(0.31, 11.13)
				Waitlisting no / treatment	4.53(2.46, 8.33)	6.3(0, 23914606.96)	4.18(0, 17365568.81)	5.31(0, 20175912.49)	4.39(0.76, 25.03)
					CBT	1.39(0, 5230408.81)	0.92(0, 3836227.42)	1.17(0, 4412711.89)	0.97(0.19, 4.95)
						Paroxetine	0.66(0.04, 11.94)	0.84(0.08, 8.85)	0.69(0, 2813669.33)
							Fluvoxamine	1.27(0.24, 6.75)	1.05(0, 4685578.76)
								Fluoxetine	0.83(0, 3368573.77)
									Sertraline

CBT: cognitive behavioral therapy

*Effect size presented as relative risk (RR) and 95% confidence intervals calculated from network meta-analysis. Effect size reflects the intervention in the column compared to the intervention in the row.

eTable 20. Network consistency test for network of primary anxiety symptoms (clinician report) by medication class

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	-0.34	0.85	-0.30	0.51	-0.04	0.99	0.97
Pill Placebo vs. SSRI+CBT	-0.93	0.59	-1.97	1.08	1.04	1.23	0.40
SSRI vs. Pill Placebo	0.72	0.31	0.82	1.84	-0.10	1.86	0.96
SSRI vs. CBT	-0.17	0.49	0.35	0.81	-0.52	0.95	0.58
SSRI vs. SSRI+CBT	-0.49	0.60	-0.33	1.15	-0.16	1.30	0.90
SNRI vs. Pill Placebo	0.46	0.49	0.33	1.82	0.13	1.88	0.95
SNRI vs. Attention control/treatment as usual	0.09	0.85	0.18	0.80	-0.10	1.17	0.93
Benzodiazepine vs. Pill Placebo	.	.	.	.	.	.	.
CBT vs. Pill Placebo	0.58	0.49	1.04	0.66	-0.46	0.83	0.58
CBT vs. Waitlistno treatment/ing	1.14	0.16	0.40	1.56	0.74	1.57	0.64
CBT vs. Attention control/treatment as usual	0.44	0.27	0.41	0.78	0.03	0.82	0.97
CBT vs. SSRI+CBT	-0.63	0.59	0.70	1.38	-1.33	1.50	0.37
CBT vs. TCA+CBT	-0.60	0.86	1.48	63.27	-2.08	63.27	0.97
Waitlisting/no treatment vs. Attention control/treatment as usual	-0.46	0.86	-0.73	0.32	0.28	0.92	0.76

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*: P value<0.05 suggests no indication of network inconsistency.

eTable 21. Network consistency test for network of primary anxiety symptoms (clinician report) by medication

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	-0.33	0.90	-0.33	0.55	0.00	1.05	1.00
Pill Placebo vs. Sertraline+CBT	-0.93	0.61	-3.07	1.36	2.14	1.49	0.15
Sertraline vs. Pill Placebo	0.95	0.54	1.84	1.62	-0.89	1.71	0.60
Sertraline vs. CBT	0.15	0.63	0.65	1.13	-0.50	1.29	0.70
Sertraline vs. Sertraline+CBT	-0.49	0.61	3.04	2.27	-3.53	2.35	0.13
Fluoxetine vs. Pill Placebo	0.38	0.64	0.40	0.97	-0.02	1.17	0.99
Fluoxetine vs. Fluvoxamine	0.12	0.93	-0.47	0.90	0.59	1.29	0.65
Fluoxetine vs. CBT	-0.82	0.90	0.00	0.85	-0.81	1.24	0.51
Fluvoxamine vs. Pill Placebo	0.73	0.66	0.14	1.11	0.59	1.29	0.65
Paroxetine vs. Pill Placebo	.	.	.	.	.	.	.
Duloxetine vs. Pill Placebo	.	.	.	.	.	.	.
Clonazepam vs. Pill Placebo	.	.	.	.	.	.	.
Venlafaxine vs. Pill Placebo	0.41	0.90	0.33	1.62	0.08	1.85	0.96
Venlafaxine vs. Atomoxetine	-0.25	0.90	0.05	2.25	-0.30	2.42	0.90
Venlafaxine vs. Attention control/treatment as usual	0.08	0.90	-0.03	1.82	0.11	2.02	0.96
Atomoxetine vs. Pill Placebo	0.59	0.63	0.70	1.92	-0.11	2.02	0.96
Atomoxetine vs. Attention control/treatment as usual	0.33	0.90	0.19	1.03	0.15	1.36	0.92
CBT vs. Pill Placebo	0.58	0.52	1.20	0.76	-0.61	0.92	0.51
CBT vs. Waitlisting/no treatment	1.15	0.17	0.42	1.64	0.72	1.65	0.66
CBT vs. Attention control/treatment as usual	0.44	0.29	0.50	0.83	-0.06	0.88	0.95
CBT vs. Sertraline + CBT	-0.63	0.63	0.26	1.59	-0.89	1.71	0.60
CBT vs. Imipramine + CBT	-0.60	0.90	1.54	63.27	-2.14	63.28	0.97
Waitlisting.vs no treatment/ Attention control/treatment as usual	-0.46	0.90	-0.73	0.33	0.27	0.96	0.78

CBT: cognitive behavioral therapy

*: P value<0.05 suggests no indication of network inconsistency.

eTable 22. Network consistency test for network of primary anxiety symptoms (child report) by medication class

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	-0.12	0.72	0.16	0.63	-0.27	0.96	0.78
SSRI vs. Pill Placebo	0.55	0.39	0.25	1.43	0.30	1.48	0.84
SSRI vs. Benzodiazepine	0.94	0.85	0.96	0.89	-0.02	1.24	0.99
SSRI vs. CBT	0.15	0.73	0.13	0.80	0.02	1.09	0.98
SNRI vs. Pill Placebo	0.41	0.42	0.01	1.85	0.40	1.90	0.83
SNRI vs. Attention control/treatment as usual	0.41	0.72	0.45	0.84	-0.05	1.11	0.97
Benzodiazepine vs. Pill Placebo	-0.34	0.59	-1.09	1.70	0.75	1.80	0.68
CBT vs. Pill Placebo	0.22	0.74	0.50	0.62	-0.28	0.97	0.77
CBT vs. Waitlistreatmentno t/ing	0.69	0.12	0.78	1.35	-0.09	1.35	0.95
CBT vs. Attention control/treatment as usual	0.40	0.20	0.75	0.76	-0.35	0.79	0.66
CBT vs. SSRI+CBT	-0.07	0.76	0.77	63.26	-0.84	63.27	0.99
CBT vs. TCA+CBT	-0.74	0.74	0.75	63.26	-1.49	63.27	0.98
Waitlisting .treatment vs no/Attention control/treatment as usual	0.15	0.76	-0.31	0.23	0.46	0.79	0.56

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*: P value<0.05 suggests no indication of network inconsistency.

eTable 23. Network consistency test for network of primary anxiety symptoms (child report) by medication

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	-0.11	0.73	0.14	0.63	-0.25	0.97	0.80
Sertraline vs. Pill Placebo	.	.	.	.	.	.	.
Fluoxetine vs. Pill Placebo	0.50	0.45	0.93	1.86	-0.43	1.92	0.82
Fluoxetine vs. Fluvoxamine	-0.52	0.78	1.26	63.26	-1.78	63.27	0.98
Fluoxetine vs. Clomipramine	0.94	0.86	-0.42	1.78	1.36	1.98	0.49
Fluoxetine vs. CBT	0.15	0.74	0.09	0.88	0.06	1.15	0.96
Clomipramine vs. Waitlistno tx/	0.08	0.84	-1.28	1.80	1.36	1.98	0.49
Imipramine vs. Pill Placebo	.	.	.	.	.	.	.
Venlafaxine vs. Pill Placebo	0.49	0.52	0.09	1.45	0.40	1.54	0.80
Venlafaxine vs. Atomoxetine	0.13	0.74	0.24	1.03	-0.12	1.27	0.93
Venlafaxine vs. Attention control/treatment as usual	0.39	0.73	0.62	1.01	-0.23	1.25	0.85
Atomoxetine vs. Pill Placebo	0.30	0.52	0.08	1.45	0.22	1.54	0.89
Atomoxetine vs. Attention control/treatment as usual	0.27	0.73	0.38	1.01	-0.12	1.25	0.92
CBT vs. Pill Placebo	0.22	0.75	0.52	0.63	-0.30	0.98	0.76
CBT vs. Waitlistingno treatment/	0.69	0.12	0.78	1.37	-0.09	1.37	0.95
CBT vs. Attention control/treatment as usual	0.40	0.20	0.73	0.77	-0.33	0.80	0.68
CBT vs. Fluoxetine+CBT	-0.07	0.77	0.79	63.26	-0.85	63.27	0.99
CBT vs. Imipramine+CBT	-0.74	0.75	0.77	63.26	-1.51	63.27	0.98
Waitlisting .no treatment vs/Attention control/treatment as usual	0.15	0.77	-0.31	0.24	0.46	0.80	0.57

CBT: cognitive behavioral therapy

*: P value<0.05 suggests no indication of network inconsistency.

eTable 24. Network consistency test for network of primary anxiety symptoms (parent report) by medication class

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	0.13	0.64	-0.18	5.13	0.30	5.17	0.95
SSRI vs. Pill Placebo	.	.	.	.	.	.	.
SNRI vs. Pill Placebo	0.31	0.64	0.92	10.33	-0.61	10.35	0.95
SNRI vs. Attention control/treatment as usual	0.44	0.64	-0.17	10.33	0.61	10.35	0.95
TCA vs. Pill Placebo	.	.	.	.	.	.	.
CBT vs. Waitlistingno treatment/	0.75	0.13	0.00	11.82	0.75	11.82	0.95
CBT vs. Attention control/treatment as usual	0.11	0.23	0.47	5.70	-0.36	5.70	0.95

CBT: cognitive behavioral therapy, SNRI: serotonin-norepinephrine reuptake inhibitor, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant
*: P value<0.05 suggests no indication of network inconsistency.

eTable 25. Network consistency test for network of primary anxiety symptoms (parent report) by medication

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Attention control/treatment as usual	0.13	0.64	-0.18	5.13	0.30	5.18	0.95
Sertraline vs. Pill Placebo	.	.	.	.	.	.	.
Fluoxetine vs. Pill Placebo	0.45	0.67	0.08	31.63	0.37	31.64	0.99
Fluoxetine vs. Fluvoxamine	0.11	0.69	0.84	63.27	-0.74	63.27	0.99
Imipramine vs. Pill Placebo	.	.	.	.	.	.	.
Venlafaxine vs. Pill Placebo	0.30	0.64	0.91	10.33	-0.60	10.35	0.95
Venlafaxine vs. Atomoxetine	.	.	.	.	.	.	.
Venlafaxine vs. Attention control/treatment as usual	0.43	0.64	-0.17	10.33	0.60	10.35	0.95
Atomoxetine vs. Pill Placebo	0.22	0.64	0.83	10.33	-0.60	10.35	0.95
Atomoxetine vs. Attention control/treatment as usual	0.35	0.64	-0.25	10.33	0.60	10.35	0.95
CBT vs. Waitlisting/no treatment	0.75	0.13	0.00	11.83	0.75	11.83	0.95
CBT vs. Attention control/treatment as usual	0.11	0.23	0.47	5.70	-0.36	5.70	0.95

CBT: cognitive behavioral therapy

*: P value<0.05 suggests no indication of network inconsistency.

eTable 26. Network consistency test for network of remission by medication class

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. SSRI+CBT	1.03	0.44	0.15	0.48	0.88	0.65	0.18
SSRI vs. Pill Placebo	-0.72	0.31	-0.48	1.04	-0.23	1.07	0.83
SSRI vs. TCA	-0.18	0.51	0.05	1.30	-0.23	1.38	0.87
SSRI vs. CBT	0.24	0.31	0.86	0.95	-0.63	1.00	0.53
SSRI vs. SSRI+CBT	0.00	0.31	-0.84	0.95	0.84	1.00	0.40
TCA vs. Pill Placebo	-0.61	0.63	-0.38	1.14	-0.23	1.38	0.87
CBT vs. Pill Placebo	-0.46	0.41	-1.56	0.42	1.11	0.58	0.06
CBT vs. Waitlistingno treatment/	-1.49	0.33	3.55	2.97	-5.04	2.95	0.09
CBT vs. Attention control/treatment as usual	-0.57	0.27	2.78	3.00	-3.35	2.99	0.26
CBT vs. SSRI+CBT	-0.37	0.28	0.92	23.91	-1.30	23.91	0.96
Waitlistingno treatment/ vs. Attention control/treatment as usual	0.10	2.01	0.95	0.44	-0.86	2.06	0.68

CBT: cognitive behavioral therapy, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressant

*: P value<0.05 suggests no indication of network inconsistency.

eTable 27. Network consistency test for network of remission by medication

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Pill Placebo vs. Sertraline+CBT	0.91	0.44	-0.95	0.90	1.86	0.96	0.05
Sertraline vs. Pill Placebo	-0.60	0.59	-0.39	1.25	-0.21	1.36	0.88
Sertraline vs. CBT	0.14	0.35	-0.52	23.02	0.65	23.02	0.98
Sertraline vs. Sertraline+CBT	.	.	.	.	.	.	.
Fluoxetine vs. Pill Placebo	.	.	.	.	.	.	.
Fluoxetine vs. Clomipramine	-0.18	0.60	0.01	1.69	-0.19	1.78	0.92
Clomipramine vs Pill Placebo	-0.61	0.70	-0.42	1.57	-0.19	1.78	0.92
CBT vs. Pill Placebo	-0.34	0.38	-2.40	0.72	2.07	0.77	0.01
CBT vs. Waitlistingno treatment/	-1.55	0.36	3.34	3.02	-4.89	3.00	0.10
CBT vs. Attention control/treatment as usual	-0.65	0.30	2.52	3.07	-3.17	3.05	0.30
CBT vs. Sertraline+CBT	-0.10	0.35	0.55	23.02	-0.65	23.02	0.98
CBT vs. Fluoxetine+CBT	-1.44	0.87	-1.85	111.36	0.42	111.36	1.00
Waitlistingno treatment vs. Attention / control/treatment as usual	0.10	2.03	0.95	0.48	-0.86	2.09	0.68

CBT: cognitive behavioral therapy

*: P value<0.05 suggests no indication of network inconsistency.

eTable 28. Network consistency test for network of response by medication class

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
SSRI vs. Pill Placebo	-0.62	0.55	-0.39	7.71	-0.23	7.73	0.98
SSRI vs. CBT	0.03	0.79	-0.54	2.18	0.57	2.32	0.81
SSRI vs. SSRI+CBT	0.27	0.79	0.84	2.23	-0.56	2.36	0.81
CBT vs. Waitlistingno treatment/	-1.49	0.30	-1.73	1.79	0.24	1.77	0.89
CBT vs. Attention control/treatment as usual	-0.71	0.34	2.63	2.42	-3.34	2.44	0.17
CBT vs. SSRI+CBT	0.37	0.57	0.63	16.76	-0.26	16.77	0.99
Waitlistingno treatment vs. Attention / alcontrol/treatment as usu	1.66	1.18	0.67	0.50	0.99	1.29	0.44

CBT: cognitive behavioral therapy, SSRI: selective serotonin reuptake inhibitor
*: P value<0.05 suggests no indication of network inconsistency.

eTable 29. Network consistency test for network of response by medication

Comparison	Direct coefficient	Standard error	Indirect coefficient	Standard error	Difference coefficient	Standard error	P value*
Sertraline vs. CBT	0.03	0.83	1.05	47.11	-1.02	47.12	0.98
Sertraline vs. Sertraline+CBT	.	.	.	.	.	.	.
Fluoxetine vs. Pill Placebo	-0.53	0.87	-0.18	26.01	-0.35	26.02	0.99
Fluoxetine vs. Fluvoxamine	-0.24	0.85	-0.93	52.04	0.69	52.04	0.99
Paroxetine vs. Pill Placebo	.	.	.	.	.	.	.
CBT vs. Waitlistingno treatment/	-1.53	0.32	-1.85	1.95	0.33	1.94	0.87
CBT vs. Attention control/treatment as usual	-0.72	0.37	2.55	2.50	-3.27	2.52	0.19
CBT vs. Sertraline+CBT	0.24	0.83	-0.78	47.11	1.02	47.12	0.98
CBT vs. Fluoxetine+CBT	0.54	0.95	-0.86	89.21	1.40	89.22	0.99
Waitlistingno treatment vs. / Attention control/treatment as usual	1.74	1.24	0.69	0.53	1.05	1.36	0.44

CBT: cognitive behavioral therapy
*: P value<0.05 suggests no indication of network inconsistency.

eTable 30. Pooled effect size and quality of evidence for adverse events (including dropouts, dropouts due to any adverse events, and adverse events)

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
Medications versus pill placebo					
Benzodiazepine vs. Pill Placebo	Dropouts	RR: 6.22; 95% CI: 0.38 to 102.94; I^2=N/A	1 RCT (15 Patients)[7]	Severe imprecision (small sample size and wide CI)	Low
SNRI vs. Pill Placebo	Dropouts	RR: 0.93; 95% CI: 0.70 to 1.25; I^2=0.0%	4 RCTs (786 Patients)[13 5,8 14]	Methodological limitations, imprecision (wide CIs)	Low
	Dropouts due to AEs	RR: 0.99; 95% CI: 0.39 to 2.47; I^2=7.9%	4 RCTs (786 Patients)[13 5,8,14]	Methodological limitations, imprecision (wide CIs)	Low
	Any AEs	Rate Ratio: 1.55; 95% CI: 0.35 to 6.77; I^2=94.8%	3 RCTs (786 Patients)[5,8,13]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 2.15; 95% CI: 0.63 to 7.34; I^2=78.8%	3 RCTs (786 Patients)[5,8,13]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Accidental Injury	Rate Ratio: 1.16, 95% CI: 0.58 to 2.29; I^2=N/A	21 RCTs (320 Patients)[13]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Behavior Change	Rate Ratio: 1.48; 95% CI: 0.71 to 3.10; I^2=0.0%	2 RCTs (466 Patients)[5,8]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 1.05; 95% CI: 0.16 to 7.10; I^2=83.6%	3 RCTs (786 Patients)[5,8,13]	Methodological limitations, imprecision (wide CIs), inconsistency	Insufficient
	AEs related to Fatigue/Somnolence	Rate Ratio: 2.14; 95% CI: 1.13 to 4.07; I^2=N/A	1 RCT (290 Patients)[8]	Imprecision (small sample size)	Moderate
	AEs related to Headache/Dizzy/Vision Problems	Rate Ratio: 0.76; 95% CI: 0.52 to 1.11; I^2=60.2%	2 RCTs (496 Patients)[5,13]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Suicide/Ideation/Self- harm	Rate Ratio: 4.29; 95% CI: 0.48 to 38.44; I^2=N/A	1 RCT (290 Patients)[8]	Severe imprecision (small sample size and wide CIs)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
SSRI vs. Pill Placebo	Dropouts	RR: 0.82; 95% CI: 0.59 to 1.13; I^2=0.0%	7 RCTs (856 Patients)[3,4,9,12,15,17-24]	Imprecision (wide CIs)	Moderate
	Dropouts due to AEs	RR: 2.60; 95% CI: 0.64 to 10.65; I^2=0.0%	4 RCTs (733 Patients)[3,9,15,17-23]	Severe imprecision (extremely wide CIs)	Low
	Any AEs	Rate Ratio: 1.28; 95% CI: 0.71 to 2.30; I^2=79.1%	8 RCTs (930 Patients)[1,3,4,9,11,12,15,17-23,129]	Imprecision (wide CIs), inconsistency	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 1.40; 95% CI: 0.68 to 2.87; I^2=54.8%	6 RCTs (780 Patients)[1,3,9,12,15,17-23]	Imprecision (wide CIs)	Moderate
	AEs related to Behavior Change	Rate Ratio: 1.66; 95% CI: 0.92 to 2.98; I^2=48.2%	7 RCTs (823 Patients)[1,3,9,11,12,15,17-23]	Imprecision (wide CIs)	Moderate
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 1.09; 95% CI: 0.67 to 1.79; I^2=36.0%	4 RCTs (684 Patients)[1,9,15,17-23]	Imprecision (wide CIs)	Moderate
	AEs related to Difficulties Sleeping	Rate Ratio: 1.24; 95% CI: 0.42 to 3.69; I^2=80.5%	5 RCTs (739 Patients)[1,9,15,17-23,129]	Imprecision (wide CIs), inconsistency	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 1.61; 95% CI: 0.83 to 3.11; I^2=0.0%	4 RCTS (679 Patients)[9,12,15,17-23]	Methodological limitations, imprecision (wide CIs)	Low
	AEs related to Headache/Dizzy/Vision problem	Rate Ratio: 1.24; 95% CI: 0.57 to 2.67; I^2=21.3%	4 RCTS (384 Patients)[1,9,12,17-23]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
	AEs related to Accidental injury	Rate Ratio: 2.29; 95% CI: 0.26 to 20.45; I^2=N/A	1 RCT (209 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Suicide/Ideation/Self-harm	0 case in each group	1 RCT (209 Patients)[17-23]	No data	Insufficient
	AEs related to dry mouth/bad Taste/oral symptoms	Rate Ratio: 1.10; 95% CI: 0.34 to 3.58; I^2=62.0%	2 RCTs (47 Patients)[1,12]	Severe imprecision (wide CI, small sample size), inconsistency	Insufficient
TCA vs. Pill Placebo	Any AEs	Rate Ratio: 1.39; 95%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small	Insufficient

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
		CI: 0.82 to 2.63; I^2=86.6 %		sample size and wide CI), inconsistency	
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 0.62; 95% CI: 0.21 to 1.86; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Behavior Change	Rate Ratio: 5.45; 95% CI: 0.66 to 45.30; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 0.34; 95% CI: 0.07 to1.63; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 2.73; 95% CI: 0.28 to 26.22; I^2=N/A	1 RCT (21 Patients)[107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 0.34; 95% CI: 0.07 to 1.63; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to dry mouth/bad Taste/oral symptoms	Rate Ratio: 3.81; 95% CI: 1.25 to 11.62; I^2= 0.0%	2 RCTs (56 Patients)[6,107]	Imprecision (small sample size)	Moderate
Atomoxetine (class: SNRI) vs. Pill Placebo	Dropouts	RR: 1.07, 95% CI: 0.64 to 1.79; I^2=N/A	1 RCT (176 Patients)[5]	Severe imprecision (small sample size and wide CI)	Low
	Dropouts due to AEs	RR: 0.98, 95% CI: 0.06 to 15.38; I^2=N/A	1 RCT (176 Patients)[5]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 1.74; 95% CI: 1.17 to 2.61; I^2=N/A	1 RCT (176 Patients)[5]	Imprecision (small sample size)	Moderate
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 2.48; 95% CI: 1.31 to 4.71; I^2=N/A	1 RCT (176 Patients)[5]	Imprecision (small sample size)	Moderate
	AEs related to Behavior Change	Rate Ratio: 1.63; 95% CI: 0.39 to 6.82; I^2=N/A	1 RCT (176 Patients)[5]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 1.19; 95% CI: 0.59 to 2.41; I^2=N/A	1 RCT (176 Patients)[5]	Severe imprecision (small sample size and wide CI)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 1.54; 95% CI:0.60 to 3.96; I^2=N/A	1 RCT (176 Patients)[5]	Severe imprecision (small sample size and wide CI)	Low
Clomipramine (class: TCA) vs. Pill Placebo	Dropouts	RR: 3.60; 95% CI: 0.16 to 79.00; I^2=N/A	1 RCT (20 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 0.52; 95% CI: 0.14 to 2.03; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
Clonazepam (class: Benzodiazepine) vs. Pill Placebo	Dropouts	RR: 6.22; 95% CI: 0.38 to 102.94; I^2=N/A	1 RCT (15 Patients)[7]	Severe imprecision (small sample size and wide CI)	Low
Duloxetine (class: SNRI) vs. Pill Placebo	Dropouts	RR: 1.02; 95% CI: 0.76 to 1.35; I^2=N/A	1 RCT (272 Patients)[14]	Severe imprecision (small sample size and wide CI)	Low
	Dropouts due to AEs	RR: 1.17; 95% CI: 0.58 to 2.37; I^2=N/A	1 RCT (272 Patients)[14]	Severe imprecision (small sample size and wide CI)	Low
Fluoxetine (class: SSRI) vs. Pill Placebo	Dropouts	RR: 1.39; 95% CI,0.38 to 5.09; I^2=0.0	3 RCTs (175 Patients)[3,4,24]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
	Dropouts due to AEs	RR: 3.00; 95% CI: 0.13 to 71.34; I^2=N/A	1 RCT (74 Patients)[3]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
	Any AEs	Rate Ratio: 2.77; 95% CI: 1.71 to 4.47; I^2=0.0%	2 RCTs (95 Patients)[3,4]	Methodological limitations, imprecision (small sample size)	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 2.29; 95% CI: 0.94 to 5.56; I^2=N/A	1 RCT (74 Patients)[3]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
	AEs related to Behavior Change	Rate Ratio: 1.75; 95% CI: 0.51 to 5.98; I^2=N/A	1 RCT (74 Patients)[3]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
Fluvoxamine (class: SSRI) vs. Pill Placebo	Dropouts	RR: 0.74; 95% CI: 0.35 to 1.54; I^2=N/A	1 RCT (128 Patients)[9]	Severe imprecision (small sample size and wide CI)	Low
	Dropouts due to AEs	RR: 5.16; 95% CI: 0.62 to 42.93; I^2=N/A	1 RCT (128 Patients)[9]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 1.18; 95% CI: 0.15 to 9.45; I^2=83.5 %	4 RCTs (303 Patients)[1,9,11,129]	Severe imprecision (small sample size and wide CI)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 1.58; 95% CI: 1.13 to 2.20; I^2=0.0%	2 RCTs (153 Patients)[1,9]	Imprecision (small sample size)	Moderate
	AEs related to Behavior Change	Rate Ratio: 2.12; 95% CI: 0.08 to 54.36; I^2=79.0 %	3 RCTs (198 Patients)[1,9,11]	Severe imprecision (small sample size and wide CI), inconsistency	Insufficient
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 1.05; 95% CI: 0.75 to 1.47; I^2= 53.1%	2 RCTs (153 Patients)[1,9]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 0.76; 95% CI: 0.14 to 3.86; I^2=55.2%	3 RCTs (258 Patients)[1,9,129]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Headache/Dizzy/Vision	Rate Ratio:1.22; 95% CI: 0.74 to 2.00; I^2= 0.0%	2 RCTs (153 Patients)[1,9]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 1.65; 95% CI: 0.87 to 3.15; I^2=N/A	1 RCT (128 Patients) [9]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to dry mouth/bad Taste/oral symptoms	Rate Ratio: 0.22; 95% CI: 0.02 to 2.13; I^2=N/A	1 RCT (25 Patients)[1]	Severe imprecision (small sample size and wide CI)	Low
Imipramine (class: TCA) vs. Pill Placebo	Any AEs	Rate Ratio: 1.4; 95% CI: 0.82 to 2.63; I^2=86.6 %	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI), inconsistency	Insufficient
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 0.62; 95% CI: 0.21 to 1.86; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Behavior Change	Rate Ratio: 5.45; 95% CI: 0.66 to 45.30; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio 0.34; 95% CI: 0.07 to1.63; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 2.73; 95% CI: 0.28 to 26.22; I^2=N/A	1 RCT (21 Patients)[107]	Severe imprecision (small sample size and wide CI)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	AEs related to Difficulties Sleeping	Rate Ratio: 0.34; 95% CI: 0.07 to 1.63; I^2=0.0%	2 RCTs (56 Patients)[6,107]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to dry mouth/bad Taste/oral symptoms	Rate Ratio: 3.81; 95% CI: 1.25 to 11.62; I^2= 0.0%	2 RCTs (56 Patients)[6,107]	Imprecision (small number of patients)	Moderate
Paroxetine (class: SSRI) vs. Pill Placebo	Dropouts	RR: 0.71; 95% CI: 0.50 to 1.02; I^2=N/A	1 RCT (322 Patients)[15]	Severe imprecision (small sample size and wide CI)	Low
	Dropouts due to AEs	RR: 4.28; 95% CI: 0.94 to 19.51; I^2=N/A	1 RCT (322 Patients)[15]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 1.85; 95% CI: 1.45 to 2.35; I^2=N/A	1 RCT (210 Patients)[15]	Imprecision (small sample size)	Moderate
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 3.49; 95% CI: 0.97 to 12.51; I^2=N/A	1 RCT (322 Patients)[15]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Behavior Change	Rate Ratio: 2.16; 95% CI: 1.06 to 4.40; I^2=N/A	1 RCT (322 Patients)[15]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 2.00; 95% CI: 1.39 to 2.89; I^2=N/A	1 RCT (274 Patients)[15]	Imprecision (small sample size)	Moderate
	AEs related to Difficulties Sleeping	Rate Ratio: 6.17; 95% CI: 3.58 to 10.63; I^2=N/A	1 RCT (157 Patients)[15]	Imprecision (small sample size)	Moderate
	AEs related to Fatigue/Somnolence	Rate Ratio: 1.52; 95% CI: 0.76 to 3.03; I^2=N/A	1 RCT (320 Patients)[15]	Severe imprecision (small sample size and wide CI)	Low
Sertraline (class: SSRI) vs. Pill Placebo	Dropouts	RR: 0.73; 95% CI: 0.38 to 1.42; I^2=0.0%	2 RCTs (231 Patients) [12,17-23]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient
	Dropouts due to AEs	RR: 1.33; 95% CI: 0.36 to 5.00; I^2=N/A	1 RCT (209 Patients) [17-23]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 1.2 95% CI: 0.94 to 1.55; I^2=50.1%	2 RCTs (231 Patients)[12,17-23]	Methodological limitations, severe imprecision (small sample size and wide CIs)	Insufficient

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 0.88; 95% CI: 0.50 to 1.53; I^2=78.6%	2 RCTs (231 Patients)[12,17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Behavior Change	Rate Ratio: 1.57; 95% CI: 0.88 to 2.81; I^2=0.00%	2 RCTs (231 Patients)[12,17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 0.86; 95% CI: 0.49 to 1.51; I^2=N/A	1 RCT (209 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 1.94; 95% CI: 0.72 to 5.27; I^2=N/A	1 RCT (209 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 1.68; 95% CI: 0.76 to 3.74; I^2=0.0%	2 RCTs (231 Patients)[12,17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 1.29; 95% CI: 0.59 to 2.85; I^2=72.6%	2 RCTs (231 Patients)[12,17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Accidental Injury	Rate Ratio: 2.29; 95% CI: 0.26 to 20.45; I^2=N/A	1 RCT (209 patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Suicide/Ideation/Self- Harm	0 case in each group	1 RCT (209 patients)[17-23]	No data	Insufficient
	AEs related to dry mouth/bad Taste/oral symptoms	Rate Ratio: 2.0; 95% CI: 0.50 to 8.0; I^2=N/A	1 RCT (22 patients)[12]	Severe imprecision (small sample size and wide CI)	Low
Venlafaxine (class: SNRI) vs. Pill Placebo	Dropouts	RR: 0.84; 95% CI: 0.65 to 1.09; I^2=0.0%	2 RCTs (610 Patients)[13,8]	Imprecision (wide CIs)	Moderate
	Dropouts due to AEs	RR: 0.78; 95% CI: 0.36 to 1.66; I^2=64.9%	2 RCTs (610 Patients)[8,13]	Imprecision (wide CIs), inconsistency	Low
	Any AEs	Rate Ratio: 1.13; 95% CI: 0.98 to 1.31; I^2=97.5%	2 RCTs (610 Patients)[8,13]	Imprecision (wide CIs), inconsistency	Low
	AEs related to Abdominal/GI/A	Rate Ratio: 1.92; 95% CI: 1.44 to 2.57;	2 RCTs (610 Patients)[8,13]	Inconsistency	Moderate

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	ppetite	I^2=88.8%			
	AEs related to Behavior Change	Rate Ratio 1.43; 95% CI: 0.60 to 3.39; I^2=N/A	1 RCT (290 Patients)[8]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 0.87; 95% CI: 0.57 to 1.32; I^2= 91.4%	2 RCTs (610 Patients)[8,13]	Severe imprecision (small sample size and wide CI), inconsistency	Insufficient
	AEs related to Fatigue/Somnol ence	Rate Ratio: 2.14; 95% CI: 1.13 to 4.07; I^2=N/A	1 RCT (290 Patients)[8]	Imprecision (small sample size)	Moderate
	AEs related to Headache/Dizz y/Vision	Rate Ratio: 0.67; 95% CI: 0.44 to 1.01; I^2=N/A	1 RCT (320 Patients)[13]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Suicide/Ideatio n/Self-harm	Rate Ratio: 4.29; 95% CI: 0.48 to 38.34; I^2=N/A	1 RCT (290 Patients)[8]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Accidental Injury	Rate Ratio: 1.16; 95% CI: 0.58 to 2.29; I^2=N/A	1 RCT (320 Patients)[13]	Severe imprecision (small sample size and wide CI)	Low
Medications versus medications, CBT versus pill placebo, CBT versus waitlisting/no treatment, CBT versus attention control/treatment as usual, and combination of CBT and medications					
TCA vs. SSRI	Dropouts	RR: 0.56; 95% CI: 0.06 to 5.14; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 6.90; 95% CI: 2.10 to 22.98; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
Clomipramine (class: TCA) vs. Fluoxetine (class: SSRI)	Dropouts	RR: 0.56; 95% CI: 0.06 to 5.14; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 6.90; 95% CI: 2.10 to 22.98; I^2=N/A	1 RCT (19 Patients)[4]	Severe imprecision (small sample size and wide CI)	Low
Sertraline (class: SSRI) vs Paroxetine (class: SSRI)	Any AEs	Rate Ratio: 5.00; 95% CI 0.31 to 79.94; I^2=N/A	1 RCT (19 patients)[4]	Severe imprecision (small sample size and wide CI)	Low
Fluoxetine (class: SSRI) vs. CBT	Dropouts	RR: 1.26; 95% CI: 0.61 to 2.58; I^2=N/A	1 RCT (102 Patients)[24]	Severe imprecision (small sample size and wide CI)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
Sertraline (class: SSRI) vs CBT	Dropouts	RR: 2.79; 95% CI: 1.12 to 6.91; I^2=N/A	1 RCT (272 Patients)[17-23]	Methodological limitations, imprecision (small sample size)	Low
	Dropouts due to AEs	RR: 15.67; 95% CI: 0.90 to 271.71; I^2=N/A	1 RCT (272 Patients)[17-23]	Methodological limitations, severe imprecision (small sample size and wide CI)	Insufficient
	Any AEs	Rate Ratio: 1.39; 95% CI: 1.09 to 1.77; I^2=N/A	1 RCT (272 Patients)[17-23]	Methodological limitations, imprecision (small sample size)	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 0.71; 95% CI: 0.41 to 1.20; I^2=0.0%	2 RCT (274 Patients)[17-23,120]	Methodological limitations, severe imprecision (small sample size and wide CI)	Insufficient
	AEs related to Behavior Change	Rate Ratio: 2.09; 95% CI: 1.17 to 3.74; I^2=0.0%	2 RCT (321 Patients)[16-23]	Methodological limitations, imprecision (small sample size)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 0.64; 95% CI: 0.41 to 1.01; I^2=N/A	1 RCT (272 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties sleeping	Rate Ratio: 4.44; 95% CI: 1.50 to 13.20; I^2=N/A	1 RCT (272 Patients)[17-23]	Imprecision (small sample size)	Moderate
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 1.83; 95% CI: 0.90 to 3.72; I^2=N/A	1 RCT (272 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Accidental Injury	Rate Ratio: 1.05; 95% CI: 0.26 to 4.18; I^2=N/A	1 RCT (272 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Suicide/Ideation/Self-harm	0 events	1 RCT (272 Patients)[17-23]	No data	Insufficient
CBT vs. Pill Placebo	Dropouts	RR: 0.53; 95% CI: 0.30 to 0.95; I^2=74.4 %	2 RCTs (311 Patients)[17-24]	Severe imprecision (small sample size and wide CI)	Low
	Dropouts due to AEs	RR: 0.08; 95% CI: 0.00 to 1.50; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	Any AEs	Rate Ratio: 0.97; 95% CI: 0.71 to 1.3; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 0.84; 95% CI: 0.44 to 1.61; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Behavior Change	Rate Ratio: 0.72; 95% CI: 0.35 to 1.47; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 1.34; 95% CI: 0.80 to 2.25; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 0.44; 95% CI: 0.12 to 1.63; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 1.09; 95% CI: 0.41 to 2.92; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Suicide/Ideation/Self-harm	Rate Ratio: 2.73; 95% CI: 0.32 to 23.40; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Accidental Injury	Rate Ratio: 2.19; 95% CI: 0.24 to 19.57; I^2=N/A	1 RCT (215 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
CBT vs. Waitlisting or No Treatment	Dropouts	RR: 1.19; 95% CI: 0.81 to 1.73; I^2=14.52 %	29 RCTs (1345 Patients)[26-29,33,34,37-39,44-46,51,52,54,56,64,66,67,73-77,79,80,84,85]	Methodological limitations, imprecision (wide CI)	Low
	Dropouts due to AEs	RR: 0.31; 95% CI: 0.12 to 0.79; I^2=NA	1 RCT (125 Patients) [43]	Methodological limitations, imprecision (small sample size)	Low
CBT vs. Attention Control or Treatment As Usual	Dropouts	RR: 0.87; 95% CI: 0.65 to 1.16 I^2=0.0%	16 RCTs and 1 non-randomized comparative study (1053 Patients)[56,62,86,87,89-92,94-96,98,100,102-105]	Methodological limitations, imprecision (wide CI)	Low
CBT+ Sertraline (class: SSRI) vs. CBT	Dropouts	RR: 1.99; 95% CI: 0.77 to 5.14; I^2=N/A	1 RCT and 1 non-randomized comparative study (327 patients)[17-23,130]	Severe imprecision (small sample size and wide CIs)	Low

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	Dropouts due to AEs	RR: 2.98; 95% CI: 0.12 to 72.50; I^2=N/A	1 RCT (279 patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	Any AEs	Rate Ratio:1.67; 95% CI: 1.32 to 2.07 I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 1.42; 95% CI: 0.84 to 2.42; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Behavior Change	Rate Ratio: 3.80; 95% CI: 2.23 to 6.48; I^2=N/A	1 RCT (279 Patients)[17-23]	Imprecision (small sample size)	Moderate
	AEs related to Cold/Infection/ Allergies	Rate Ratio: 0.95; 95% CI: 0.64 to 1.42; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 3.23; 95% CI: 1.05 to 9.90; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 1.49; 95% CI: 0.72 to 3.09; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Suicide/Ideation/Self-harm	Rate Ratio: 0.99; 95% CI: 0.29 to 3.43; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Accidental Injury	Rate Ratio: 1.00; 95% CI: 0.25 to 3.8; I^2=N/A	1 RCT (279 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
CBT+ Sertraline (class: SSRI) vs. Sertraline (class: SSRI)	Dropouts	RR: 0.71; 95% CI: 0.35 to 1.45; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	Dropouts due to AEs	RR: 0.14; 95% CI: 0.02 to 1.09; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	Any AEs	Rate Ratio: 1.2; 95% CI: 0.97 to 1.45; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Abdominal/GI/Appetite	Rate Ratio: 1.01; 95% CI: 0.62 to 1.65; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to	Rate Ratio: 1.82; 95%	1 RCT (273 Patients)[17-23]	Imprecision (small sample size)	Moderate

Comparison	Outcome	Conclusion	Study design and sample size[1]	Factors that affect the quality of evidence[2]	Overall quality of evidence
	Behavior Change	CI: 1.20 to 2.75; I^2=N/A			
	AEs related to Cold/infection/Allergies	Rate Ratio: 1.49; 95% CI: 0.94 to 2.35; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Difficulties Sleeping	Rate Ratio: 0.73; 95% CI: 0.35 to 1.50; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CIs)	Low
	AEs related to Fatigue/Somnolence	Rate Ratio: 0.20; 95% CI: 0.06 to 0.71; I^2=N/A	1 RCT (273 Patients)[17-23]	Imprecision (small sample size)	Moderate
	AEs related to Headache/Dizzy/Vision	Rate Ratio: 0.81; 95% CI: 0.43 to 1.53; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
	AEs related to Suicide/Ideation/Self-harm	0 case in each group	1 RCT (273 Patients)[17-23]	No data	Insufficient
	AEs related to Accidental Injury	Rate Ratio: 0.95; 95% CI: 0.24 to 3.80; I^2=N/A	1 RCT (273 Patients)[17-23]	Severe imprecision (small sample size and wide CI)	Low
CBT+ Imipramine (class: TCA) vs. CBT	Dropouts	RR: 0.80; 95% CI: 0.34 to 1.89; I^2=N/A	1 RCT (63 Patients)[106]	Severe imprecision (small sample size and wide CI)	Low
CBT+ Fluoxetine (class: SSRI) vs. CBT	Dropouts	RR: 1.54; 95% CI: 0.6 to 3.88; I^2=N/A	1 RCT(41 Patients)[108]	Severe imprecision (small sample size and wide CI)	Low

AE: adverse event, CBT: cognitive behavioral therapy, CI: confidence interval, GI: gastrointestinal, N/A: not applicable, RCT: randomized controlled trial, RR: relative risk, SNRI: serotonin–norepinephrine reuptake inhibitor, SMD: standardized mean difference, SSRI: selective serotonin reuptake inhibitor, TCA: tricyclic antidepressants

[1]The sample size includes the number of patients from each comparison.

[2] Only QOE domains that led to rating down QOE are reported in this column. Domains that are not reported were satisfactory.

eTable 31. Subgroup analysis: age

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Age	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Child report	7-12 years	SMD: -1.05; 95% CI: -1.99 to -0.11; I^2= N/A[97]
			13-18 years	SMD: -1.04; 95% CI: -1.65 to -0.42; I^2= 60.7%[86,96]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	7-12 years	SMD: -0.82; 95% CI: -1.34 to -0.30; I^2= 58.9%[37,40]
			13-18 years	SMD: -1.19; 95% CI: -1.87 to -0.52; I^2= 0.0%[28,60]
		Primary Anxiety, Child report	7-12 years	SMD: -0.37; 95% CI: -1.17 to 0.43; I^2= 0.0%[37,40,55]
			13-18 years	SMD: -1.22; 95% CI: -1.89 to -0.55; I^2= 0.0%[28,60]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, SMD: standardized mean difference

eTable 32. Subgroup analysis: comorbidity

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Comorbidity	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Child report	Comorbidity	SMD: -0.31; 95% CI: -0.84 to 0.23; I^2= N/A[95]
			No Comorbidity	SMD: -0.53; 95% CI: -1.49 to 0.44; I^2= 74.7%[91,94,96,104]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Comorbidity	SMD: -1.25; 95% CI: -1.79 to -0.70; I^2= 93.2%[84,85]
			No Comorbidity	SMD: -0.83; 95% CI: -1.85 to 0.20; I^2= 88.8%[27,28,35,37,40,43,45,78,79,82,83,131]
		Primary Anxiety, Child report	Comorbidity	SMD: -0.85; 95% CI: -2.82 to 1.12; I^2= 90.0%[33,53,67,85]
			No Comorbidity	SMD: -0.42; 95% CI: -0.78 to -0.07; I^2= 74.4%[27,28,35,37-40,43,45,47,48,78,79,82,83,131]
		Primary Anxiety, Parent report	Comorbidity	SMD: -1.82; 95% CI: -4.44 to 0.80; I^2= 0.90.5%[33,53,67,85]
			No Comorbidity	SMD: -0.63; 95% CI: -1.15 to -0.12; I^2= 76.7%[27,37-39,45,47,48,78,79,82,83]
		Response	Comorbidity	RR: 12.69; 95% CI: 0.81 to 198.10; I^2= N/A[53]
			No Comorbidity	RR: 10.16; 95% CI: 2.98 to 34.66; I^2=0.0%[38,39,45,48,131]
	Fluvoxamine vs. Pill Placebo	Primary Anxiety, Clinician report	Comorbidity	SMD: -0.30; 95% CI: -1.11 to 0.51; I^2= N/A[1]
			No Comorbidity	SMD: -1.11; 95% CI: -1.49 to -0.74; I^2= N/A[9]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

eTable 33. Subgroup analysis: ADHD

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
ADHD	Fluvoxamine vs. Pill Placebo	Primary Anxiety, Clinician report	ADHD	SMD: -0.30; 95% CI: -1.11 to 0.51; I^2= N/A[1]
			No ADHD	SMD: -1.11; 95% CI: -1.49 to -0.74; I^2= N/A [9]

ADHD: attention deficit hyperactivity disorder, CI: confidence interval, N/A: not applicable, SMD: standardized mean difference

eTable 34. Subgroup analysis: autism

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Autism	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Autism	SMD: -1.25; 95% CI: -1.79 to -0.70; I^2= 93.2%[85,132]
			No Autism	SMD: -0.83; 95% CI: -1.85 to 0.20; I^2= 88.8%[27,28,35,37,40,45,78,79,82]
		Primary Anxiety, Child report	Autism	SMD: -0.85; 95% CI: -2.82 to 1.12; I^2= 90.0%[33,53,67,85]
			No Autism	SMD: -0.42; 95% CI: -0.78 to -0.07; I^2= 74.4%[27,28,33,35,37-40,43,45,47,48,78,79,82,83,131]
		Primary Anxiety, Parent report	Autism	SMD: -1.82; 95% CI: -4.44 to 0.80; I^2= 90.5%[33,53,67,85]
			No Autism	SMD: -0.62; 95% CI: -1.14 to -0.10; I^2=74.4%[27,33,37-39,45,47,48,78,79,82,83]
		Response	Autism	RR: 12.69; 95% CI: 0.81 to 198.10; I^2= N/A[53]
			No Autism	RR: 9.91; 95% CI: 2.25 to 43.65; I^2= 0.0%[38,39,45,48,131]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

eTable 35. Subgroup analysis: school refusal

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
School Refusal	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Child report	School Refusal	SMD: -0.31; 95% CI: -0.84 to 0.23; I^2= N/A[95]
			No School Refusal	SMD: -0.53; 95% CI: -1.49 to 0.44; I^2= 74.7%[91,94,96,104]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, SMD: standardized mean difference

eTable 36. Subgroup analysis: diagnosis

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Diagnosis	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Clinician report	Panic Disorder	SMD: -0.97; 95% CI: -1.79 to -0.15; I^2= N/A[99]
			Social Anxiety Disorder	SMD: -0.44; 95% CI: -1.95 to 1.08; I^2= 73.9%[69,89,104]
			Specific Phobias	SMD: -0.00; 95% CI: -0.36 to 0.35; I^2= 87.8% [88,102]
		Primary Anxiety, Child report	Panic Disorder	SMD: -0.24; 95% CI: -1.02 to 0.53; I^2= N/A [99]
			Social Anxiety Disorder	SMD: -0.70; 95% CI: -1.34 to -0.05 ; I^2= 66.4%[69,91,96,101,104]
		Primary Anxiety, Parent report	Social Anxiety Disorder	SMD: -0.65; 95% CI: -2.67 to 1.38; I^2= 90.3%[69,89,96,104]
			Specific Phobias	SMD: 0.11; 95% CI: -0.45 to 0.68; I^2= N/A[102]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Generalized Anxiety	SMD: -2.42; 95% CI: -3.23 to -1.62; I^2= N/A[45]
			Panic Disorder	SMD: -1.09; 95% CI: -1.71 to -0.47; I^2= N/A[41]
			Social Anxiety Disorder	SMD: -1.59; 95% CI: -2.38 to -0.80; I^2= 81.0%[28,37,40,44,51,54,60,64,71,77,133]
			Specific Phobias	SMD: -1.01; 95% CI: -1.35 to -0.68; I^2= 83.2%[57,62]
		Primary Anxiety, Child report	Generalized Anxiety	SMD: -0.30; 95% CI: -0.91 to 0.31; I^2= N/A[45]
			Separation Anxiety	SMD: -0.29; 95% CI: -0.89 to 0.32; I^2= N/A[74]
			Social Anxiety Disorder	SMD: -1.21; 95% CI: -1.91 to -0.52; I^2= 87.4%[28,37,40,44,51,54,60,61,64,71,77,133]
			Specific Phobias	SMD: -0.08; 95% CI: -0.93 to 0.77; I^2= 9.4%[50,62,63,134]
		Primary Anxiety, Parent report	Generalized Anxiety	SMD: -0.14; 95% CI: -0.75 to 0.47; I^2= N/A[45]
			Separation Anxiety	SMD: -1.27; 95% CI: -1.90 to -

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
				0.65; I^2= 50.0%[25,74]
			Social Anxiety Disorder	SMD: -0.89; 95% CI: -1.66 to -0.13; I^2= 72.9%[37,51,61,64,135]
			Specific Phobias	SMD: -0.83; 95% CI: -1.45 to -0.21; I^2= N/A[57]
		Remission	Generalized Anxiety	RR: 7.67; 95% CI: 0.42 to 139.83; I^2= N/A[45]
			Social Anxiety Disorder	RR: 11.38; 95% CI: 1.56 to 83.22; I^2= 0.0%[42,61]
		Response	Generalized Anxiety	RR: 20.81; 95% CI: 1.29 to 335.97; I^2= N/A[45]
			Social Anxiety Disorder	RR: 8.42; 95% CI: 3.88 to 18.25; I^2= 0.0%[44,51,64,77,133]
			Specific Phobias	RR: 22.67; 95% CI: 3.24 to 158.60; I^2= N/A[62]
	Venlafaxine vs. Pill Placebo	Primary Anxiety, Child report	Generalized Anxiety	SMD: -0.52; 95% CI: -0.84 to -0.19; I^2= N/A[13]
			Social Anxiety Disorder	SMD: -0.47; 95% CI: -0.70 to -0.24; I^2= N/A[8]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

eTable 37. Subgroup analysis: treatment settings

Subgroup	Comparison	outcome	Subgroup variable	Conclusion
Treatment Settings (School, Mental Health Clinic, Outpatient primary care)	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Clinician report	Mental Health Clinic	SMD: -0.11; 95% CI: -0.55 to 0.33; I^2= 55.2%[88-90,93,98,102]
			School	SMD: -0.24; 95% CI: -2.46 to 1.98; I^2= 84.7%[69,87,104]
		Primary Anxiety, Child report	Mental Health Clinic	SMD: -0.32; 95% CI: -0.66 to 0.01; I^2= 54.2%[90-93,95,99,100,105,128]
			School	SMD: -0.49; 95% CI: -1.16 to 0.17; I^2= 66.2%[33,69,87,101,104]
		Primary Anxiety, Parent report	Mental Health Clinic	SMD: 0.08; 95% CI: -0.20 to 0.37; I^2= 0.0% [89,90,92,93,102,105]
			School	SMD: -0.68; 95% CI: -2.66 to 1.30; I^2= 89.6[69,87,96,104]
		Remission	Mental Health Clinic	RR: 1.53; 95% CI: 1.11 to 2.11; I^2= 0.0%[90,103]
			School	RR: 2.68; 95% CI: 0.11 to 64.50; I^2= 64.3%[69,87,104]
		Response	Mental Health Clinic	RR: 1.50; 95% CI: 1.07 to 2.11; I^2= 0.0%[90,92,93]
			School	RR: 1.95; 95% CI: 0.28 to 13.39; I^2= 79.1%[87,96,104]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Mental Health Clinic	SMD: -1.07; 95% CI: -1.66 to -0.47; I^2= 84.8%[27-29,35,37,40,41,43-46,52,54,57,58,62,64,66,76-82,84,85]
			School	SMD: -1.97; 95% CI: -3.26 to -0.68; I^2= 89.5%[34,49,51,60,71,133]
		Primary Anxiety, Child report	Mental Health Clinic	SMD: -0.58; 95% CI: -0.88 to -0.28; I^2= 83.7%[26-30,33,35,37,38,40,43-45,47,48,50,52-55,61-67,74-79,82,85]
			School	SMD: -1.32; 95% CI: -2.43 to -0.21; I^2= 91.4%[34,49,60,71,133]
		Primary Anxiety, Parent report	Mental Health Clinic	SMD: -0.86; 95% CI: -1.23 to -0.48; I^2= 81.1%[25-27,33,37,38,45-48,52,53,57,58,61,64,66,67,74,76,78,79,82,85,135]
			School	SMD: -0.50; 95% CI: -1.24 to 0.24; I^2= 0.0%[34,49,51]

Subgroup	Comparison	outcome	Subgroup variable	Conclusion
		Remission	Mental Health Clinic	RR: 2.78; 95% CI: 0.24 to 31.98; I^2= 76.1%[29,45,61,80]
			School	RR: 5.74; 95% CI: 2.17 to 15.20; I^2= 0.0%[34,45]
		Response	Mental Health Clinic	RR: 3.60; 95% CI: 1.77 to 7.32; I^2= 83.0%[44-48,52,53,62,64,76,77,80,81]
			School	RR: 14.45; 95% CI: 2.94 to 71.01; I^2= 0.0%[51,133]
	Fluvoxamine vs. Pill Placebo	Primary Anxiety, Clinician report	Mental Health Clinic	SMD: -0.30; 95% CI: -1.11 to 0.51; I^2= N/A[1]
			Outpatient primary care	SMD: -1.11; 95% CI: -1.49 to -0.74; I^2= N/A[9]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

eTable 38. Subgroup analysis: follow-up less than 6 months

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Follow up (less than 6 months)	Benzodiazepine vs. Pill Placebo	Primary Anxiety, Clinician report	Less than 6 months	SMD: -0.40; 95% CI: -1.43 to 0.63; I^2=N/A[7]
	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Clinician report	Less than 6 months	SMD: -0.11; 95% CI: -0.52 to 0.30; I^2=49.9%[87-90,93,98,104]
		Primary Anxiety, Child report	Less than 6 months	SMD: -0.41; 95% CI: -0.88 to 0.07; I^2= 54.2%[87,90,93,96,100,101,104]
		Primary Anxiety, Parent report	Less than 6 months	SMD: 0.16; 95% CI: -0.53 to 0.85; I^2=76.7%[87,89,90,98,104]
		Remission	Less than 6 months	RR: 1.52; 95% CI: 0.22 to 10.48; I^2=74.9%[87,90,104]
		Response	Less than 6 months	RR:1.70; 95% CI: 0.34 to 8.53; I^2=77.9%[87,90,104]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Less than 6 months	SMD: -1.02; 95% CI: -1.65 to -0.38; I^2=86.1%[29,40,45,49,57,58,62,69,71,73,133]
		Primary Anxiety, Child report	Less than 6 months	SMD: -1.43; 95% CI: -2.72 to -0.14; I^2=94.4%[26,29,40,45,49,62,69,71,73,133]
		Primary Anxiety, Parent report	Less than 6 months	SMD: -0.93; 95% CI: -2.98 to 1.13; I^2=85.1%[26,45,49,57,58,69,73]
		Remission	Less than 6 months	RR: 4.38; 95% CI: 0.03 to 598.20; I^2=78.2%[29,45,69]
		Response	Less than 6 months	RR: 1.50; 95% CI: 0.71 to 3.17; I^2=N/A[133]
	Clonazepam vs. Pill Placebo	Primary Anxiety, Clinician report	Less than 6 months	SMD: -0.40; 95% CI: -1.43 to 0.63; I^2=N/A[7]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

eTable 39. Subgroup analysis: follow-up longer than 6 months

Subgroup	Comparison	Outcome	Subgroup variable	Conclusion
Follow up (longer than 6 months)	CBT vs. Attention Control or Treatment as Usual	Primary Anxiety, Clinician report	Longer than 6 months	SMD: -0.06; 95% CI: -0.50 to 0.38; I^2=N/A[88]
		Primary Anxiety, Child report	Longer than 6 months	SMD: -0.20; 95% CI: -0.48 to -0.09; I^2=83.5%[91-93]
		Remission	Longer than 6 months	RR: 1.26; 95% CI: 0.99 to 1.60; I^2=N/A[103]
		Response	Longer than 6 months	RR: 1.40; 95% CI: 0.97 to 2.04; I^2=N/A[92,93]
	CBT vs. Waitlisting or No Treatment	Primary Anxiety, Clinician report	Longer than 6 months	SMD: -0.59; 95% CI: -1.31 to -0.13; I^2=0.0%[29,49,69]
		Primary Anxiety, Child report	Longer than 6 months	SMD: -0.08; 95% CI: -0.56 to 0.39; I^2=0.0%[29,44,49,69]
		Primary Anxiety, Parent report	Longer than 6 months	SMD: -1.55; 95% CI: -8.38 to 5.28; I^2=96.1%[49,58,69]
		Remission	Longer than 6 months	RR: 0.71; 95% CI: 0.57 to 1.03; I^2=N/A[29]

CBT: cognitive behavioral therapy, CI: confidence interval, N/A: not applicable, RR: risk ratio, SMD: standardized mean difference

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