***A Three-Arm Randomized Clinical Trial Comparing the Efficacy of a Mindfulness-Based Intervention with an Active Comparison Group and Fluoxetine Treatment for Adults with Generalized Anxiety Disorder***

**Supplemental Material**

**Treatment Conditions Description**

*Experimental Group: Body in Mind Training (BMT)*

 The BMT is a mindfulness-based intervention developed for severe mental illness (22,23,27). It combines concepts from the neurosciences, mindfulness, embodied cognition, psychology, and tai chi, and gently uses the body as an anchor to attention and proprioceptive processes (22,23). Participants are invited to be aware of bodily sensations, to be kind and non-judgmental with the help of body movement (22,23). The focus on body awareness and movement aims to provide a greater interoceptive (perception of sensations arising within the body) and proprioceptive (perception of body movement and position) feedback to the mind (23) and to develop mindfulness ability to promote attentional and emotional regulation and also self-compassion. The original protocol comprises five sessions with the following theoretical frameworks: (a) Session 1: Train to pause; (b) Session 2: Understand intention; (c) Session 3: Understand attention; (d) Session 4: a Ph.D. in me or learning mental habits; and (e) Session 5: Self-compassion practices. We added three sessions to practice self-compassion exercises to the original protocol. The participants were also encouraged to engage in 20-minute practices each day through a popular phone chat group (WhatsApp) managed by the group psychologist (TT). Despite movement practices being the central component in sessions, the participants were encouraged to choose those practices that were more helpful or appropriate for them as homework.

*Quality of Life and Psychoeducation Group (QoL)*

We used this group as an active control group to BMT. It was characterized by 2-hour weekly sessions for eight weeks based on psychoeducational principles, delivered by a trained psychologist (FG) with seven years’ clinical experience of working with both psychoeducation and intervention groups. Each treatment group consisted of 8 to 15 participants. In the first five sessions, the psychologist introduced and discussed important topics for controlling anxiety in a class format followed by a group discussion on the following topics: (a) Session 1: GAD psychoeducation; (b) Session 2: Substance use; (c) Session 3: Sleep hygiene; (d) Session 4: Physical activity; and (e) Session 5: Healthy eating. The participants were encouraged to adopt new healthy habits introduced during the three final sessions, and to discuss their difficulties in implementing these new habits. At the end of each meeting, the therapist suggested, without any structured homework or individualized goals, that participants should engage in the learned healthier habits. A WhatsApp group managed by the psychologist was used to send motivational messages during the week. The QoL sessions were planned with the senior research group coordinator (GGM) and adherence to the QoL protocol was assured by means of weekly supervisions held with her (GGM).

**Supplemental Analysis**

The analyses of participants who completed the 8-week protocol showed similar results compared with the ITT analyses. Our data reported significant group-by-time interactions in all evaluated outcomes despite the WHOQOL-Bref, and that FLX was not superior to BMT considering the HAM-A assessment. The FLX group was superior to QoL and to BMT at week 8, but BMT was not superior to QoL in HAM-A, PSWQ, and GAD-7. We described these analyses for all the outcomes, as can be seen below.

*Clinician-rated Hamilton Anxiety Rating Scale (HAM-A)*

Completer analysis showed significant group-by-time interactions (p = .02). At week 8, FLX was superior to QoL (mean difference = -4.87; CI 95% -8.44 to -1.3; p = .008), but BMT was not superior to QoL for reducing HAM-A scores (mean difference = -1.67; CI 95% -5.47 to 2.14; p = .391).

*Clinician-rated Penn State Worry Questionnaire (PSWQ)*

Completer analysis showed significant group-by-time interactions (p < .001). At week 8, FLX was superior to QoL (mean difference = -4.45; CI 95% -7.8 to -1.09; p = .009) and to BMT (mean difference = -5.04; CI 95% -8.54 to -1.53; p = .005), but BMT was not superior to QoL for reducing PSWQ scores (mean difference = 0.59; CI 95% -3.21 to 4.39; p = .76).

*Patient-rated Generalized Anxiety Disorder 7-item (GAD-7) Scale*

Completer analysis showed significant group-by-time interactions (p < .001). At week 8, FLX was superior to QoL (mean difference = -3.27; CI 95% -6.29 to -0.25; p = .034) and to BMT (mean difference = -4.01; CI 95% -6.99 to -1.04; p = .008), but BMT was not superior to QoL for reducing GAD-7 scores (mean difference = -0.74; CI 95% -4.55 to 3.07; p = .703). The sensitivity analysis with all randomized individuals using the GAD-7 revealed the same results. All three groups improved from baseline to the endpoint. Significant time-by-group interactions were detected (p=.004), but BMT was not superior to QoL at the end of treatment (p = .387), whereas FLX was superior to BMT (p = 0.016) and to the QoL group (p = .006).

*Patient-rated WHOQOL-Bref*

Completer analysis did not show any significant group-by-time interactions (p = .358). At week 8, BMT was not superior to QoL (mean difference = 0.61; CI 95% -6.08 to 7.31; p = .85).

**FIGURES**

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| **Fig. 1S.** HAM-A scores and SE at baseline (assessment 1), week 5 (assessment 2), and endpoint (assessment 3) for each intervention group.  |

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| **Fig. 2S.** Non-inferiority analysis comparing scores in week 8 between MBI and fluoxetine. |