Accelerated Resolution Therapy for Post-Traumatic Stress Disorder, Anxiety Disorders, or Mood Disorders: Clinical and Cost-Effectiveness, and Guidelines
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Acknowledgments:

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.
Research Questions
1. What is the clinical effectiveness of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders?

2. What is the cost-effectiveness of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders?

3. What are the evidence-based guidelines surrounding the use of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders?

Key Findings
Two randomized controlled trials and two non-randomized studies were identified regarding the clinical effectiveness of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders.

Methods
A limited literature search was conducted on key resources including Ovid Medline and PsycINFO, PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2012 and February 21, 2017. Internet links were provided, where available.

Selection Criteria
One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria
<table>
<thead>
<tr>
<th>Population</th>
<th>Adults with post-traumatic stress disorder (PTSD), anxiety and/or mood disorders (e.g. depression, panic, anxiety, substance abuse)</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Accelerated Resolution Therapy (ART).</td>
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<tr>
<td>Comparator</td>
<td>Q1-2: Active treatments (Eye Movement Desensitization and Reprocessing [EMDR], any cognitive behavior therapy [CBT], Cognitive Processing Therapy [CPT], Prolonged Exposure Therapy [PET] Standard of care (this varies but can include supporting counselling, etc.) Waitlist/no treatment</td>
</tr>
<tr>
<td>Q3: No comparator</td>
<td></td>
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<tr>
<td>Outcomes</td>
<td>Q1: Clinical effectiveness (e.g. resolution and/or reduction of PTSD, anxiety, or mood disorders symptoms, symptoms distress, improved quality of life; improvement in dysfunction or impairment) Q2: Cost-effectiveness (cost per benefit, cost per QALY; cost per increased quality of life measures) Q3: Guidelines</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines</td>
</tr>
</tbody>
</table>
Results
Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

Two randomized controlled trials and two non-randomized studies were identified regarding the clinical effectiveness of Accelerated Resolution Therapy (ART) for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders. No relevant health technology assessments, systematic reviews, meta-analyses, economic evaluations, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings
Two randomized controlled trials (RCT)\(^1\) and two non-randomized studies\(^2\)-\(^4\) were identified regarding the clinical effectiveness of Accelerated Resolution Therapy (ART) for the treatment of adults with post-traumatic stress disorder (PTSD), anxiety disorders, or mood disorders. Two studies\(^1\)\(^2\) looked at military and veteran populations specifically and two studies\(^3\)\(^4\) looked at alternate adult populations. Three studies\(^3\)-\(^4\) concluded that ART is safe, brief, and effective for both combat related\(^2\) and non-combat related\(^3\)-\(^4\) PTSD.

The authors of two RCTs\(^1\)\(^-\)\(^2\) concluded that ART, when compared to Attention Control (AC) treatment, was effective at reducing combat-related PTSD symptoms among US service members or veterans. The authors of one RCT\(^2\) observed that this was true for refractory PTSD as well as treatment-respondent PTSD, and there was a significant reduction in symptoms of depression, anxiety, and trauma-related guilt when compared to AC treatment. The results were also favourable at the follow-up time of 3 months.\(^2\) The authors of a second randomized study\(^1\) concluded that ART, when compared to AC treatment, acutely reduced concomitant pain in a veteran population with PTSD.\(^1\)

One non-randomized study\(^3\) addressed the effectiveness of ART therapy for the treatment of both PTSD and major depressive disorder in adults. The authors concluded that ART was effective for the comorbid symptoms of both PTSD and depression.\(^3\) A non-randomized pre-post intervention study\(^4\) looked at adults with PTSD symptoms treated using ART and followed up after 2 months. The authors concluded that ART is safe and effective, and no adverse effects were reported throughout the study duration.\(^4\)

References Summarized
Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
Randomized Controlled Trials

Military/Veteran Populations


Non-Randomized Studies

Additional Populations


Economic Evaluations
No literature identified.

Guidelines and Recommendations
No literature identified.
Appendix — Further Information

Review Articles – Military/Veteran Populations


Non-Randomized Studies
Military/Veteran Populations – Alternate Comparator


Additional References
Military/Veteran Populations