

CADTH Reference List

Accelerated Resolution Therapy for Post- Traumatic Stress Disorder, Anxiety Disorders, or Mood Disorders: A 2021 Update

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Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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Key Messages

- One randomized controlled trial was identified regarding the clinical effectiveness of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders.
- No evidence was identified regarding the cost-effectiveness of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders.
- No evidence-based guidelines were identified regarding the use of Accelerated Resolution Therapy for the treatment of adults with post-traumatic stress disorder, anxiety disorders, or mood disorders.

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?

Methods

Literature Search Methods

This report is an update of a literature search strategy developed for a previous CADTH report.^{2,3} For the current report, a limited literature search was conducted on key resources including MEDLINE, PsycINFO, the Cochrane Database of Systematic Reviews, the international HTA database, 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. Comments, newspaper articles, editorials, and letters were excluded. The original search was limited to English-language documents published between January 1, 2012, and February 21, 2017. This search was updated on September 13, 2019. For the current report, database searches were rerun on February 23, 2021, to capture any articles published since the original search date. The search of major health technology agencies was also updated to include documents published since September 2019.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open-access, full-text versions of

Table 1: Selection Criteria

Criteria	Description
Population	Adults with post-traumatic stress disorder, anxiety disorders, and/or mood disorders (e.g., depression, panic, anxiety, substance abuse)
Intervention	Accelerated Resolution Therapy
Comparator	Q1 and Q2: <ul style="list-style-type: none"> • Active treatments (eye movement desensitization and reprocessing, any cognitive behaviour therapy, cognitive processing therapy, prolonged exposure therapy) • Standard of care (this varies but can include supporting counselling and others) • Waitlist and/or no treatment Q3: No comparator
Outcomes	Q1: Clinical effectiveness (e.g., resolution and/or reduction of post-traumatic stress disorder, anxiety, or mood disorder symptoms and symptom distress; improved quality of life; improvement in dysfunction or impairment) Q2: Cost-effectiveness (cost per benefit, cost per quality-adjusted life-year, cost per increased quality of life measures) Q3: Guidelines
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

evidence-based guidelines were reviewed when abstracts were not available, and relevant recommendations were summarized.

Results

One randomized controlled trial was 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.¹ No economic evaluations were identified regarding the cost-effectiveness of ART for the treatment of adults with PTSD, anxiety disorders, or mood disorders. Furthermore, no evidence-based guidelines were identified regarding the use of ART for the treatment of adults with PTSD, anxiety disorders, or mood disorders. No relevant health technology assessments, systematic reviews, or non-randomized studies were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

Overall Summary of Findings

One randomized controlled trial¹ assessed the effectiveness of ART for treating complicated grief, PTSD, and depression in adults. Participants were hospice informal caregivers, aged 60 years or older, who met the criteria for complicated grief and PTSD.¹ All were randomized

to receive ART or were put on a waitlist; however, comparisons between the ART treatment group and waitlist control group for PTSD and depression symptoms were not reported in the abstract.¹ Within-participant analyses found statistically significant changes in PTSD and depression symptoms at 8 weeks post-ART treatment compared to baseline.¹ No relevant literature was found regarding the cost-effectiveness, and no evidence-based guidelines were found regarding the use of ART for the treatment of adults with PTSD, anxiety disorders, or mood disorders; therefore, no summary can be provided.

References

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

1. Buck HG, Cairns P, Emechebe N, et al. Accelerated resolution therapy: randomized controlled trial of a complicated grief intervention. *Am J Hosp Palliat Care*. 2020 Oct;37(10):791-799. [Medline](#)

Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Previous CADTH Reports

2. Accelerated resolution therapy for post-traumatic stress disorder, anxiety disorders, or mood disorders: clinical effectiveness, cost-effectiveness, and guidelines. (*CADTH rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2019: <https://cadth.ca/sites/default/files/pdf/htis/2019/RB1404%20ART%20for%20PTSD%20Final.pdf>. Accessed 2021 Feb 24.

Outside of Search Date Range

3. Accelerated resolution therapy for post-traumatic stress disorder, anxiety disorders, or mood disorders: clinical and cost-effectiveness, and guidelines. (*CADTH rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2017: <https://cadth.ca/sites/default/files/pdf/htis/2017/RB1069%20-%20Accelerated%20Resolution%20Therapy%20Final.pdf>. Accessed 2021 Feb 24.

Non-Randomized Studies

Case Series

4. Toukolehto OT, Waits WM, Preece DM, Samsey KM. Accelerated resolution therapy-based intervention in the treatment of acute stress reactions during deployed military operations. *Mil Med*. 2020 03 02;185(3-4):356-362. [Medline](#)

Additional References

Dissertation

5. Witt A. Predictors of veteran PTSD symptom reduction by use of accelerated resolution therapy. Minneapolis (MN): Walden Dissertations and Doctoral Studies Collection; 2019: <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=7667&context=dissertations>. Accessed 2021 Feb 24.

Evidence Repository and Not Specific to Accelerated Resolution Therapy

6. Pacific Northwest Evidence-based Practice Center, O'Neil ME, Cheney TP, et al. Pharmacologic and nonpharmacologic treatments for posttraumatic stress disorder: an update of the PTSD-repository evidence base. (*Comparative effectiveness review no. 235*). Rockville (MD): Agency for Healthcare Research and Quality; 2020: <https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-235-pharma-nonpharm-ptsd-update-report.pdf>. Accessed 2021 Feb 24.