

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

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

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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

Population	Adults with post-traumatic stress disorder (PTSD), anxiety and/or mood disorders (e.g. depression, panic, anxiety, substance abuse)
Intervention	Accelerated Resolution Therapy (ART).
Comparator	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 Q3: No comparator
Outcomes	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
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

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)¹⁻² and two non-randomized studies³⁻⁴ 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 studies¹⁻² looked at military and veteran populations specifically and two studies³⁻⁴ looked at alternate adult populations. Three studies²⁻⁴ concluded that ART is safe, brief, and effective for both combat related² and non-combat related³⁻⁴ PTSD.

The authors of two RCTs¹⁻² 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 RCT² observed that this was true for refractory PTSD as well as treatment-responsive 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 study¹ concluded that ART, when compared to AC treatment, acutely reduced concomitant pain in a veteran population with PTSD.¹

One non-randomized study³ 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 study⁴ 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

No literature identified.

Randomized Controlled Trials

Military/Veteran Populations

1. Kip KE, Rosenzweig L, Hernandez DF, Shuman A, Diamond DM, Girling SA, et al. Accelerated Resolution Therapy for treatment of pain secondary to symptoms of combat-related posttraumatic stress disorder. *Eur J Psychotraumatol* [Internet]. 2014 [cited 2017 Mar 1];5. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4014659>
[PubMed: PM24959325](#)
2. Kip KE, Rosenzweig L, Hernandez DF, Shuman A, Sullivan KL, Long CJ, et al. Randomized controlled trial of accelerated resolution therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). *Mil Med*. 2013 Dec;178(12):1298-309.
[PubMed: PM24306011](#)

Non-Randomized Studies

Additional Populations

3. Kip KE, Sullivan KL, Lengacher CA, Rosenzweig L, Hernandez DF, Kadel R, et al. Brief treatment of co-occurring post-traumatic stress and depressive symptoms by use of accelerated resolution therapy((R)). *Front Psychiatry*. 2013;4:11. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3591743>
[PubMed: PM23482431](#)
4. Kip KE, Elk CA, Sullivan KL, Kadel R, Lengacher CA, Long CJ, et al. Brief Treatment of Symptoms of Post-Traumatic Stress Disorder (PTSD) by Use of Accelerated Resolution Therapy (ART((R))). *Behav Sci (Basel)* [Internet]. 2012 Jun [cited 2017 Mar 1];2(2):115-34. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4217580>
[PubMed: PM25379218](#)

Economic Evaluations

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Review Articles – Military/Veteran Populations

5. Finnegan A , Kip K, Hernandez D, McGhee S, Rosenzweig L, Hynes C, et al. Accelerated resolution therapy: an innovative mental health intervention to treat post-traumatic stress disorder. *J R Army Med Corps*. 2016 Apr;162(2):90-7.
[PubMed: PM26141210](#)
6. Hernandez DF, Waits W, Calvio L, Byrne M. Practice comparisons between accelerated resolution therapy, eye movement desensitization and reprocessing and cognitive processing therapy with case examples. *Nurse Educ Today*. 2016 Dec;47:74-80.
[PubMed: PM27250615](#)
7. Waits WM, Kip KE, Hernandez DF. Accelerated resolution therapy. In: Ritchie EC, editor. *Posttraumatic stress disorder and related diseases in combat veterans*. Cham (Switzerland): Springer International Publishing; 2015. p. 105-21.

Non-Randomized Studies

Military/Veteran Populations – Alternate Comparator

8. Kip KE, D'Aoust RF, Hernandez DF, Girling SA, Cuttino B, Long MK, et al. Evaluation of brief treatment of symptoms of psychological trauma among veterans residing in a homeless shelter by use of Accelerated Resolution Therapy. *Nurs Outlook*. 2016 Sep;64(5):411-23.
[PubMed: PM27601310](#)
9. Kip KE, Hernandez DF, Shuman A, Witt A, Diamond DM, Davis S, et al. Comparison of Accelerated Resolution Therapy (ART) for Treatment of Symptoms of PTSD and Sexual Trauma Between Civilian and Military Adults. *Mil Med*. 2015 Sep;180(9):964-71.
[PubMed: PM26327548](#)

Additional References

Military/Veteran Populations

10. Hoge CW. Accelerated Resolution Therapy (ART): clinical considerations, cautions, and informed consent for military mental health clinicians. [Silver Spring (MD)]: Walter Reed National Military Medical Center (WRNMMC) Office of the Army Surgeon General (OTSG). 2015. [cited 2017 Mar 1]. [This document reflects personal notes of the author and is not an official position] Available from: http://acceleratedresolutiontherapy.com/web/wp-content/uploads/2016/08/ART-vs-EMDR_by-Hoge.pdf
11. Accelerated Resolution Therapy: program description [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2015. [cited 2017 Mar 1]. Available from: <http://nrepp.samhsa.gov/ProgramProfile.aspx?id=7>