



<b>Title</b>	<b>Amniocentesis Results: Investigation of Anxiety. The ARIA Trial</b>
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<b>Reference</b>	Health Technol Assess 2006;10(50). December 2006. <a href="http://www.hta.ac.uk/execsumm/summ1050.htm">www.hta.ac.uk/execsumm/summ1050.htm</a>

## Aim

The ARIA trial tested two hypotheses:

1. That giving amniocentesis results out on a prespecified fixed date alters maternal anxiety during the waiting period, compared with a policy of telling parents that the result will be issued 'when available' (ie, on a variable date).
2. That issuing early results from a rapid molecular test alters maternal anxiety during the waiting period, compared with not receiving any results prior to the karyotype.

The effects of the interventions on anxiety 1 month after receiving the full karyotype results were also examined.

## Conclusions and results

1. There was no evidence that giving out karyotype results on a fixed or on a variable date altered maternal anxiety during the waiting period. However, the trial only had sufficient power to detect a moderate-to-large effect.
2. Issuing early results from a partial but rapid test reduced maternal anxiety during the waiting period, compared to receiving only the full karyotype results.

In addition:

- Group differences in recalled anxiety closely reflected the differences in anxiety women had experienced while waiting for results.

One month after receiving normal karyotype results, anxiety was low in all groups, but women who had been given rapid test results were more anxious than those who had not. This was a small-to-moderate effect.

## Recommendations

1. Since there are no clear advantages in anxiety terms of issuing karyotype results as soon as they become available, or on a fixed date, women could be given a choice between them.
2. Rapid testing was a beneficial *addition* to karyotyping, at least in the short term. This does not necessarily imply that early results would be preferred to comprehensive ones if women had to choose between them.

## Methods

The trial used a multicenter, randomized, controlled, open fixed sample, 2 x 2 factorial design trial, with equal randomization.

## Further research/reviews required

1. There should be further research, including more qualitative studies, into the causes, characteristics, and consequences of anxiety associated with prenatal testing.
2. The effects of different testing regimes on short- and longer-term anxiety, on the preferences of women, and on the relationship between anxiety and preference should be investigated.
3. More research is needed on the ways in which information might be used to minimize anxiety in different testing regimes.
4. Further research is required into the policy implications of incorporating individual preferences for different testing regimes into prenatal testing programs.