

RECOMENDACIÓN 10

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica de Enfermedad Meningocócica - 2018

PREGUNTA 10. CORTICOIDES PARA SEPSIS MENINGOCÓCICA

Pregunta solicitada: En niños y adultos con Enfermedad Meningocócica ¿Se debe administrar corticoides en comparación a no usar?

BÚSQUEDA DE LA EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Meningococcal disease”. Las bases de datos utilizadas fueron: Cochrane database of systematic reviews (CDSR); Database of Abstracts of Reviews of Effectiveness (DARE); HTA Database; PubMed; LILACS; CINAHL; PsychINFO; EMBASE; EPPI-Centre Evidence Library; 3ie Systematic Reviews and Policy Briefs Campbell Library; Clinical Evidence; SUPPORT Summaries; WHO institutional Repository for information Sharing; NICE public health guidelines and systematic reviews; ACP Journal Club; Evidencias en Pediatría; y The JBI Database of Systematic Reviews and implementation Reports. No se aplicaron restricciones en base al idioma o estado de publicación. Dos revisores de manera independiente realizaron la selección de los títulos y los resúmenes, la evaluación del texto completo y la extracción de datos. Un investigador experimentado resolvió cualquier discrepancia entre los distintos revisores. En caso de considerarse necesario, se integraron estudios primarios.

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Los resultados se encuentran alojadas en la plataforma Living Overview of the Evidence (L·OVE). Por lo tanto, al momento de definir la pregunta, la evidencia ya se encontraba clasificada según intervenciones que comparadas.

RESUMEN DE LA EVIDENCIA IDENTIFICADA

Análisis de los componentes de la pregunta en formato PICO

POBLACIÓN

Paciente con sepsis (Utilizado como evidencia indirecta)

Pacientes con enfermedad meningocócica

↳ Meningitis por neisseria meningitidis

↳ Sepsis meningocócica

INTERVENCIÓN

Corticoides

COMPARACIÓN

No uso de corticoides

DESENLACES

Mortalidad.

Aproximación sugerida por el equipo metodológico

El equipo metodológico, tomando en cuenta consideraciones clínicas y la evidencia identificada para la pregunta sugerida, propone:

- Utilizar el estimador del efecto de la población más amplia: Pacientes con sepsis, manteniendo la población original para la estimación del riesgo basal.
- En relación a los desenlaces, estos no fueron definidos en la pregunta solicitada, y no se cuenta con un set de desenlaces principales (*Core Outcomes Set - COS*) aplicables a esta pregunta. En base al análisis de desenlaces utilizados en las guías y revisiones analizadas, y la opinión del equipo metodológico, en consulta con el experto clínico se seleccionó sólo mortalidad y el efecto adversos hiperglicemia como desenlace crítico para la toma de decisión.

Resumen de la evidencia identificada

No se encontró evidencia directa para responder la pregunta solicitada.

Tabla resumen de la evidencia identificada (Evidencia indirecta)

Revisión Sistemática	17 [1-17]
Estudios primarios	51 ensayos aleatorizados [18-68]

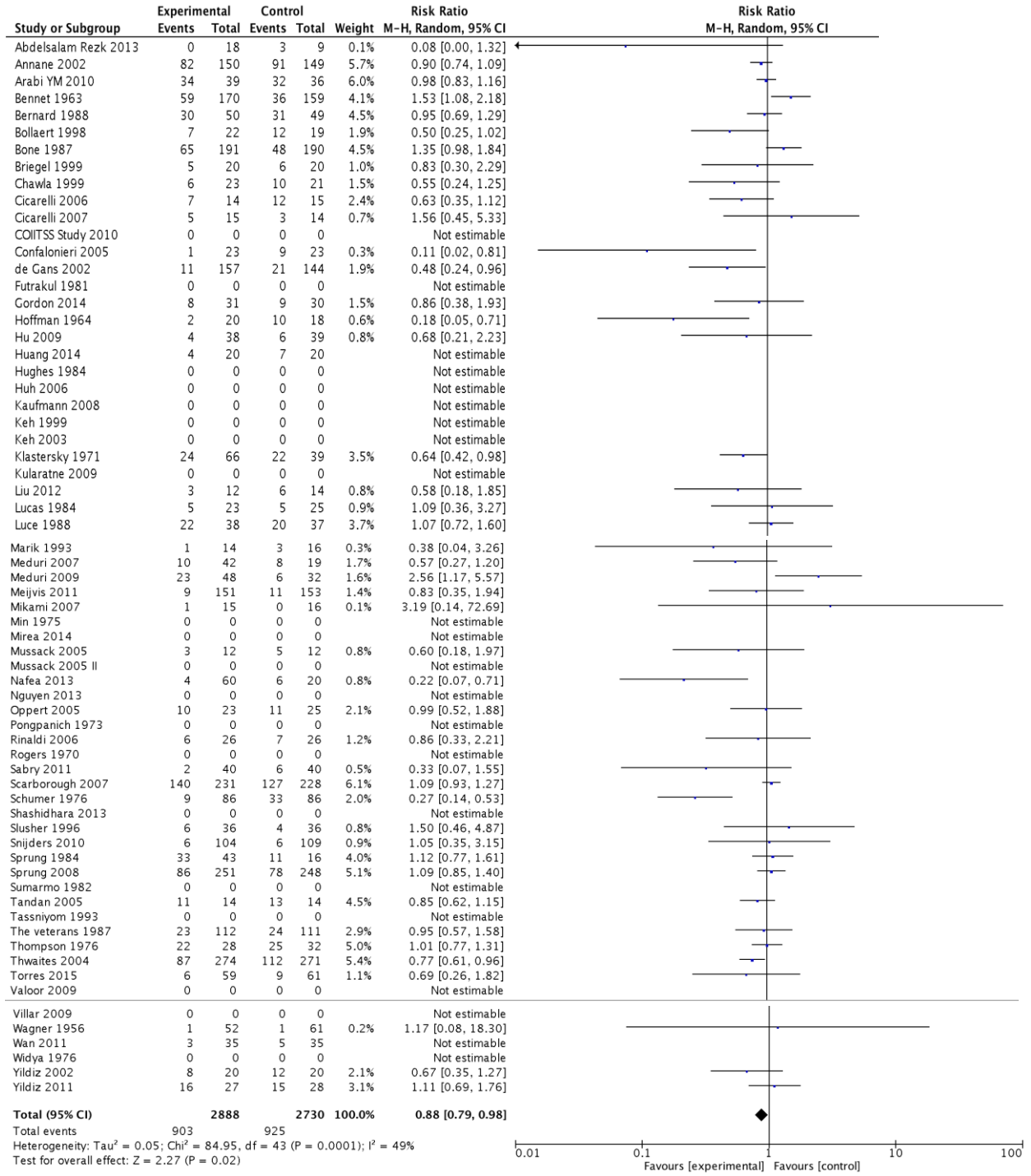
Ver resultados de "[Link a la pregunta en L-OVE](#)" en plataforma L-OVE

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, ver la evidencia en: [Corticosteroids for sepsis](#). Considerando que de las 17 revisiones [1-17], la revisión sistemática Cochrane constituye la más completa y la más reciente de las identificadas, pero que sólo considera una proporción baja de los 51 ensayos aleatorizados existentes, se procedió a utilizar el reanálisis de los ensayos aleatorizados [18-68] incluidos en un resumen de evidencia [70].

Metanálisis

Mortalidad a 28 días



Hiperglicemia

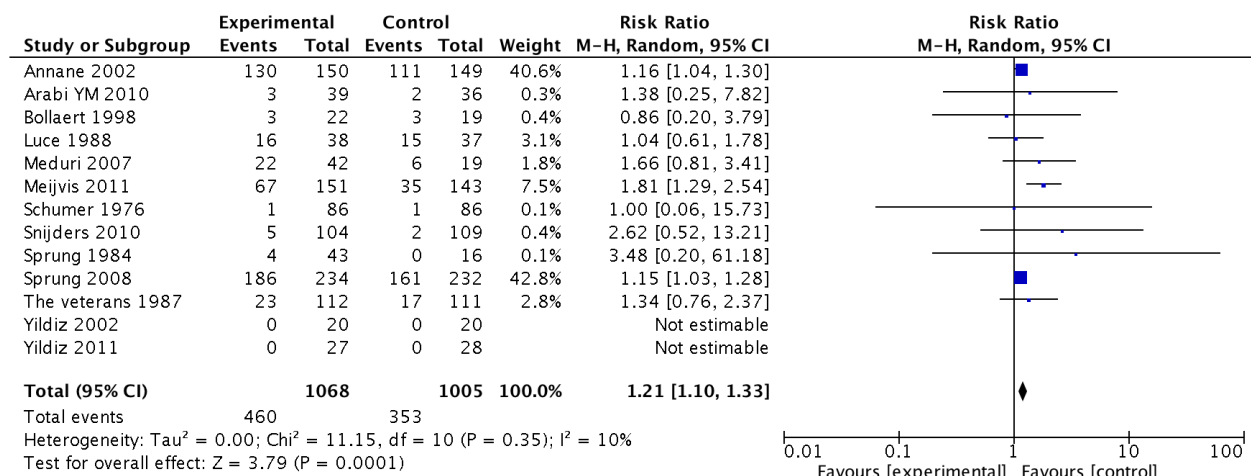


Tabla de Resumen de Resultados (Summary of Findings)

CORTICOIDES PARA SEPSIS MENINGOCÓCICA						
Pacientes	Sepsis meningocócica (extrapolado de información con sepsis de cualquier causa)					
Intervención	Corticoides					
Comparación	Placebo o no tratamiento					
Desenlaces	Efecto relativo (IC 95%)	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		SIN corticoides	CON corticoides	Diferencia (IC 95%)		
Mortalidad	RR 0,88 (0,79 a 0,98) 44 estudios (5.618 pacientes)	121 por 1000	106 por 1000	15 menos (7 a 71 menos)	⊕⊕⊕○ ¹ Moderada	Los corticoides probablemente disminuyen la mortalidad en pacientes con sepsis meningocócica.
Hiperglicemia	RR 1,21 (1,10 a 1,33) 13 estudios (2.073 pacientes)	339 por 1000	410 por 1000	71 más (34 a 112 más)	⊕⊕⊕⊕ Alta	Los corticoides aumentan el riesgo de hiperglicemia en la forma en que utilizan en el tratamiento de la sepsis meningocócica.

IC: Intervalo de confianza del 95%.

RR: Riesgo relativo.

GRADE: grados de evidencia del GRADE Working Group (ver más adelante).

*Los riesgos SIN corticoides están basados en los riesgos del grupo control en los estudios. El riesgo CON corticoides (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).

¹ Se disminuyó un nivel de certeza de evidencia por inconsistencia (I²=49%).

Fecha de elaboración de la tabla: 4 de Agosto de 2017

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