RECOMENDACIÓN 1
BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES
GUÍA DE PRÁCTICA CLÍNICA NEUMONÍA ADQUIRIDA EN LA COMUNIDAD DE MANEJO AMBULATORIO- 2017

PREGUNTA 1: CURB-65 PARA PREDECIR GRAVEDAD DE NEUMONÍA ADQUIRIDA EN LA COMUNIDAD

Pregunta solicitada: En adultos de 65 años y más con neumonía adquirida en la comunidad ¿Se debe utilizar CURB-65 en comparación a utilizar Fine/escala española para evaluar la gravedad de la neumonía adquirida en la comunidad?

BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de "Neumonía adquirida en la comunidad". 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; PsychlNFO; 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.

SÍNTESIS DE EVIDENCIA

Análisis de los componentes de la pregunta en formato PICO

Población: Adultos mayores de 65 y más con NAC

Intervención: CURB-65

Comparación: Fine/PSI, escala española para evaluar la gravedad de la neumonía adquirida en la comunidad

Desenlace (outcome)

Exactitud pronóstica (sobre mortalidad)

Resumen de la evidencia identificada

No se identificaron estudios de impacto que comparen CURB-65 con PSI (estudios en que a un grupo se le aplicara CURB-65 y al otro PSI, midiendo desenlaces clínicos). Sí se encontraron estudios evaluando la exactitud de cada una de estas reglas de predicción pronóstica. Se identificaron 6 revisiones sistemáticas que incluyen 30 estudios primarios, todos ellos observacionales, para CURB-65. Se identificaron 6 revisiones sistemáticas que incluyen 61 estudios primarios que responden la pregunta de exactitud de PSI.

Tabla resumen de la evidencia identificada

Tipo de pregunta	Revisión sistemática	Estudios primarios
Impacto (CURB-65 versus PSI)	0	0
Exactitud pronóstica CURB-65	1 [1-6]	[7-18]
Exactitud pronóstica PSI	6 [1-6]	61 [19-77]

Estimador del efecto

CURB-65

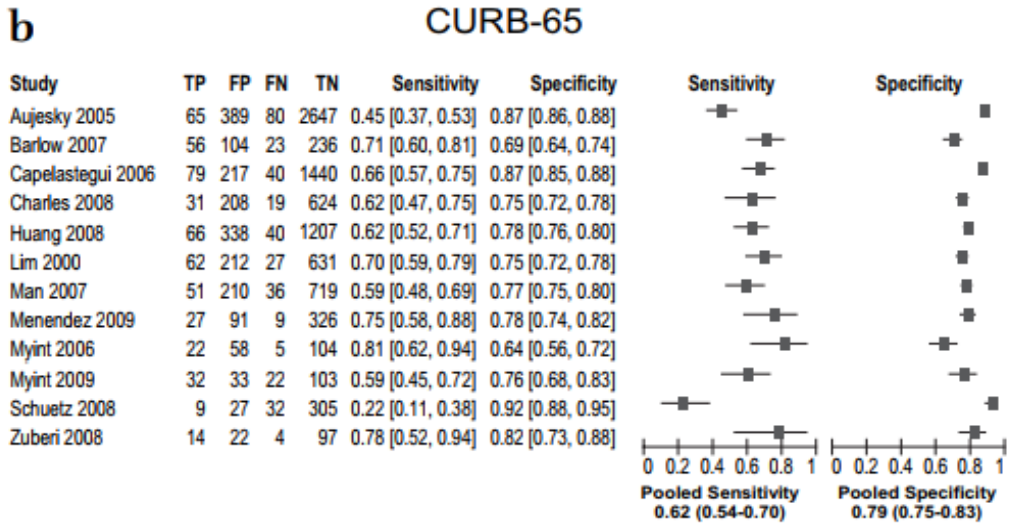
Se realizó un análisis de la matriz de evidencia (CURB-65 para neumonía adquirida en la comunidad). Considerando que una revisión sistemática incluye la mayoría de los estudios primarios relevantes, y que aquellos no incluidos no modifican el resultado, se decidió reutilizar los metanálisis reportados en ella para confeccionar la tabla de resumen de resultados.

PSI

Se realizó un análisis de la matriz de evidencia (PSI para neumonía adquirida en la comunidad). Considerando que una revisión sistemática incluye la mayoría de los estudios primarios relevantes, y que aquellos no incluidos no modifican el resultado, se decidió reutilizar los metanálisis reportados en ella para confeccionar la tabla de resumen de resultados para cada regla de predicción clínica.

Metanálisis

CURB-65 para predecir mortalidad



PSI

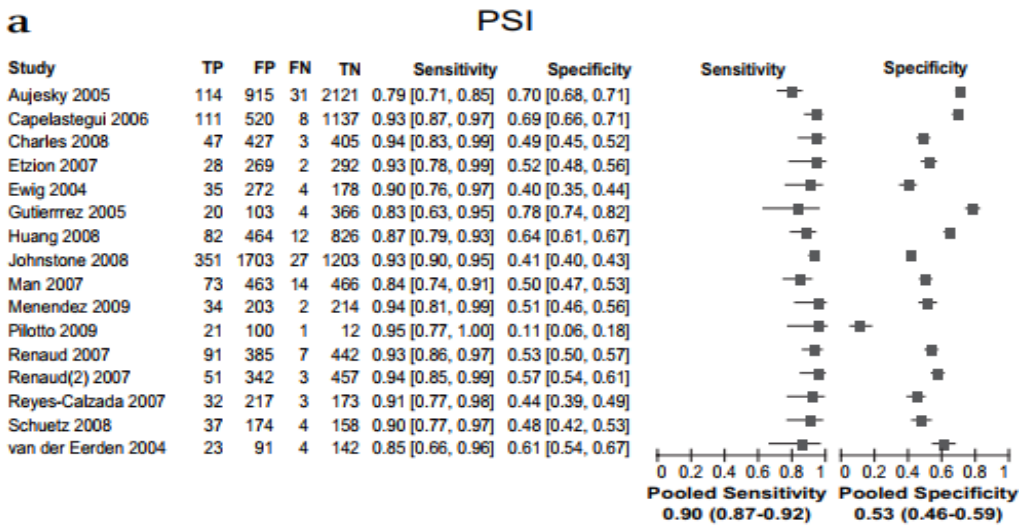


Tabla de Resumen de Resultados (Summary of Findings)

A. CURB-65 PARA PREDECIR MORTALIDAD EN NEUMONÍA ADQUIRIDA EN LA COMUNIDAD

Población **Factor** **Desenlace**	Pacientes con neumonía adquirida en la comunidad CURB-65 Mortalidad		
Desenlaces	Efecto por 1000 pacientes testeados (IC 95%) Prevalencia* 7%	Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
Sensibilidad de 62% (IC 95% de 54 a 70%) Especificidad de 79% (IC 95% de 75 a 83%) -- 12 estudios (11.199 pacientes) [10, 11, 19, 24, 46, 51, 52, 54, 56, 58, 70, 77]			
Mortalidad correctamente predicha (verdaderos positivos)	43 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el CURB-65 probablemente lleva a pocas modificaciones.
No mortalidad correctamente descartada (verdaderos negativos)	735 por 1000 (IC: 375 a 455)	⨁⨁◯◯[1,2] Baja	En este grupo, el CURB-65 permite evitar cuidados, efectos adversos y gastos innecesarios.
Mortalidad incorrectamente predicha (falsos positivos)	195 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el CURB-65 considera como de alto riesgo a pacientes que no lo tienen. Esto redunda en cuidados, efectos adversos y gastos innecesarios.
Mortalidad incorrectamente descartada (falsos negativos)	27 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el CURB-65 considera como de bajo riesgo a pacientes que tienen un riesgo alto. Esto puede llevar a no aplicar los cuidados necesarios, o no hacerlo a tiempo, con el consiguiente aumento en la morbimortalidad.
Impacto en desenlaces clínicos	No se identificaron estudios		No se encontraron estudios evaluando desenlaces clínicos relevantes.

IC: Intervalo de confianza del 95%.
GRADE: grados de evidencia del GRADE *Working Group*

* La revisión sistemática [1] estimó una mortalidad en los estudios de alrededor de un 7%.

[1] Se disminuyó un nivel de certeza de la evidencia por inconsistencia por I2 de 81% para sensibilidad y 96% para especificidad.
[2] Se disminuyó un nivel de certeza de evidencia por tratarse de evidencia indirecta, ya que no evalúa a adultos mayores, sino a población general (sin distinguir entre adultos no mayores y mayores).
Fecha de elaboración de la tabla: 02/02/2018

B. PSI PARA PREDECIR MORTALIDAD EN NEUMONIA ADQUIRIDA EN LA COMUNIDAD

Pacientes **Intervención** **Gold standard**	Pacientes con neumonia adquirida en la comunidad PSI para predecir mortalidad Seguimiento clínico		
Desenlaces	Efecto por 1000 pacientes testeados (IC 95%) Prevalencia* 7%	Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
Sensibilidad de 90% (IC 95% de 87 a 92%) Especificidad de 53% (IC 95% de 46 a 59%) -- 16 estudios (16.519 pacientes) [10, 19, 24, 33, 35, 45, 46, 47, 52, 54, 61, 64, 65, 67, 70, 74]			
Mortalidad correctamente predicha (verdaderos positivos)	63 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el PSI probablemente lleva a pocas modificaciones.
No mortalidad correctamente descartada (verdaderos negativos)	493 por 1000 (IC: 375 a 455)	⨁⨁◯◯[1,2] Baja	En este grupo, el PSI permite evitar cuidados, efectos adversos y gastos innecesarios.
Mortalidad incorrectamente predicha (falsos positivos)	437 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el PSI considera como de alto riesgo a pacientes que no lo tienen. Esto redunda en cuidados, efectos adversos y gastos innecesarios.
Mortalidad incorrectamente descartada (falsos negativos)	7 por 1000	⨁⨁◯◯[1,2] Baja	En este grupo, el PSI considera como de bajo riesgo a pacientes que tienen un riesgo alto. Esto puede llevar a no aplicar los cuidados necesarios, o no hacerlo a tiempo, con el consiguiente aumento en la morbimortalidad.
Impacto en desenlaces clínicos	No se identificaron estudios		No se encontraron estudios evaluando desenlaces clínicos relevantes.

IC = Intervalo de confianza del 95%.
GRADE: grados de evidencia del GRADE *Working Group*

* La revisión sistemática [1] estimó una mortalidad en los estudios alrededor de un 7%.

[1] Se disminuyó un nivel de certeza de la evidencia por inconsistencia por I2 de 59% para sensibilidad y 98% para especificidad.
[2] Se disminuyó un nivel de certeza de evidencia por tratarse de evidencia indirecta, ya que no evalúa a adultos mayores, sino a población general (sin distinguir entre adultos no mayores y mayores).
Fecha de elaboración de la tabla: 02/02/2018

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