RECOMENDACIÓN 6

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Tratamiento Conservador No Dialítico de la Enfermedad Renal Crónica - 2018

A. PREGUNTA CLÍNICA

En personas con enfermedad renal crónica en etapa 5 en tratamiento conservador no dialítico con diagnóstico de diabetes mellitus sin diálisis ¿Se debe alcanzar meta terapéutica de hemoglobina glicosilada menor o igual a 7% en comparación a una meta terapéutica de hemoglobina glicosilada mayor a 7%?

Análisis y definición de los componentes de la pregunta en formato PICO

Población: Enfermedad renal crónica en etapa 5 con diagnóstico de diabetes mellitus sin diálisis

Intervención: Meta terapéutica de hemoglobina glicosilada menor o igual a 7%

Comparación: Meta terapéutica de hemoglobina glicosilada mayor a 7%

Desenlace (outcome): Mortalidad, infarto agudo al miocardio fatal, infarto agudo al miocardio no fatal, accidente cerebrovascular fatal, accidente cerebrovascular no fatal, hipoglicemia.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de "Chronic kidney 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; 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.[1]

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Al momento de definir la pregunta la evidencia ya se encontraba previamente clasificada según intervenciones comparadas. Los

[1] Para revisar la metodología, las estrategias y los resultados de la búsqueda, favor revisar el informe "*Búsqueda sistemática de evidencia de los efectos deseables e indeseables*" en la sección de método de la Guía de Práctica Clínica respectiva.

resultados se encuentran alojados en la plataforma Living Overview of the Evidence (L·OVE), sistema que permite la actualización periódica de la evidencia.

C. SÍNTESIS DE EVIDENCIA

Resumen de la evidencia identificada

Se identificaron 26 revisiones sistemáticas que incluyen 56 estudios primarios, de los cuales 55 corresponden a ensayos aleatorizados atingentes a la pregunta de intensidad de terapia en diabetes. Para más detalle ver "*Matriz de evidencia*"[2], en el siguiente link: Control glicémico intensivo comparado con control glicémico estándar en diabetes mellitus

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	26 [1-26]
Estudios primarios	55 ensayos aleatorizados [27-81] y 1 observacional [82]

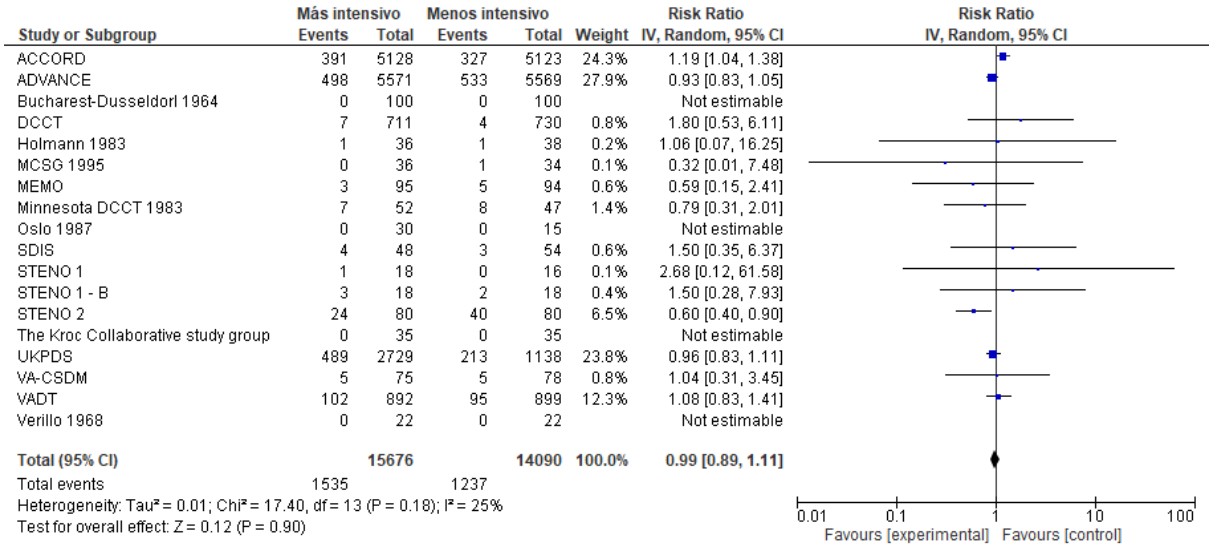
Estimador del efecto

Se realizó un análisis de la matriz de evidencia. Ningún estudio evaluó específicamente a la población de pacientes con enfermedad renal crónica, y menos aún a la población de pacientes en etapa 5 sin diálisis. Tampoco presentaron los datos por separado de este subgrupo, por lo que se realizó el análisis de la evidencia indirecta existente (pacientes diabéticos en general).
Considerando que ninguna revisión incluyó el total de los estudios relevantes se decidió rehacer el metanálisis a partir de los estudios primarios.

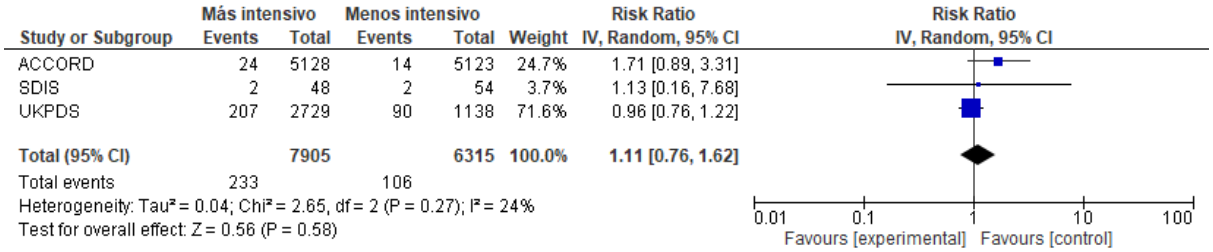
Metanálisis

Mortalidad

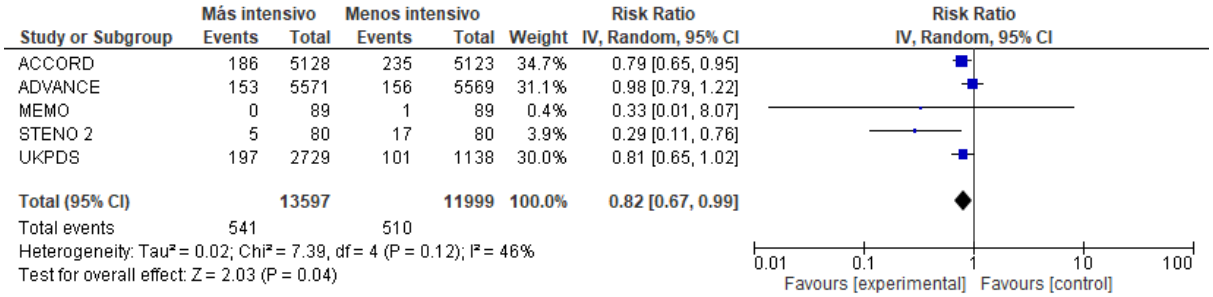
[2] **Matriz de Evidencia**, tabla dinámica cuyas filas representan las revisiones sistemáticas y en las columnas los estudios primarios que responden una misma pregunta. Los recuadros en verde corresponden a los estudios incluidos en las respectivas revisiones. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.



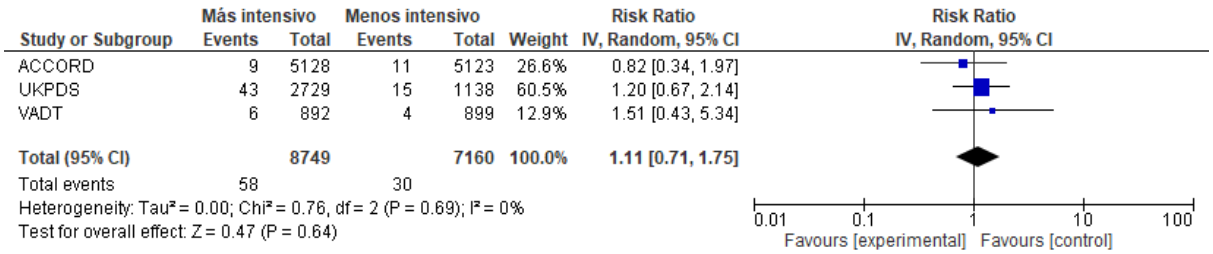
Infarto agudo al miocardio fatal



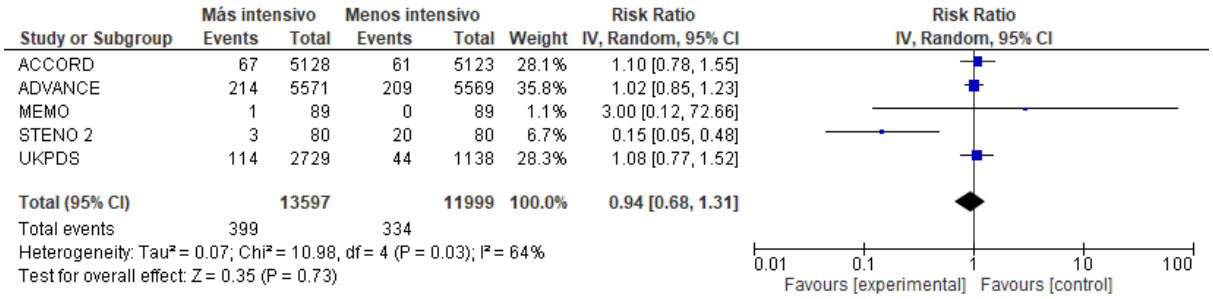
Infarto agudo al miocardio no fatal



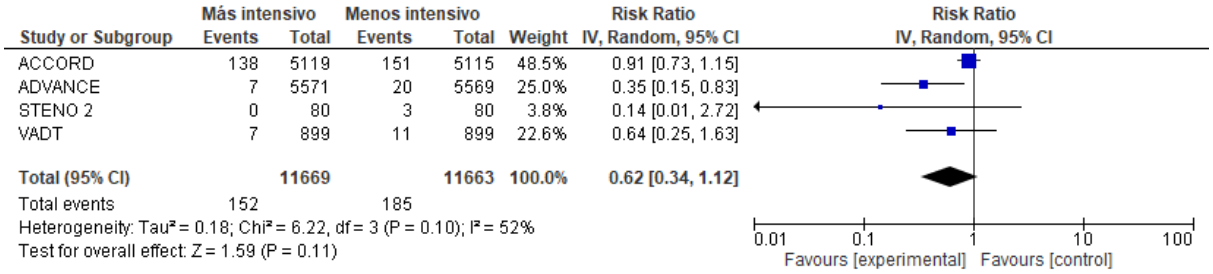
Accidente cerebrovascular fatal



Accidente cerebrovascular no fatal



Progresión a diálisis



Hipoglicemia

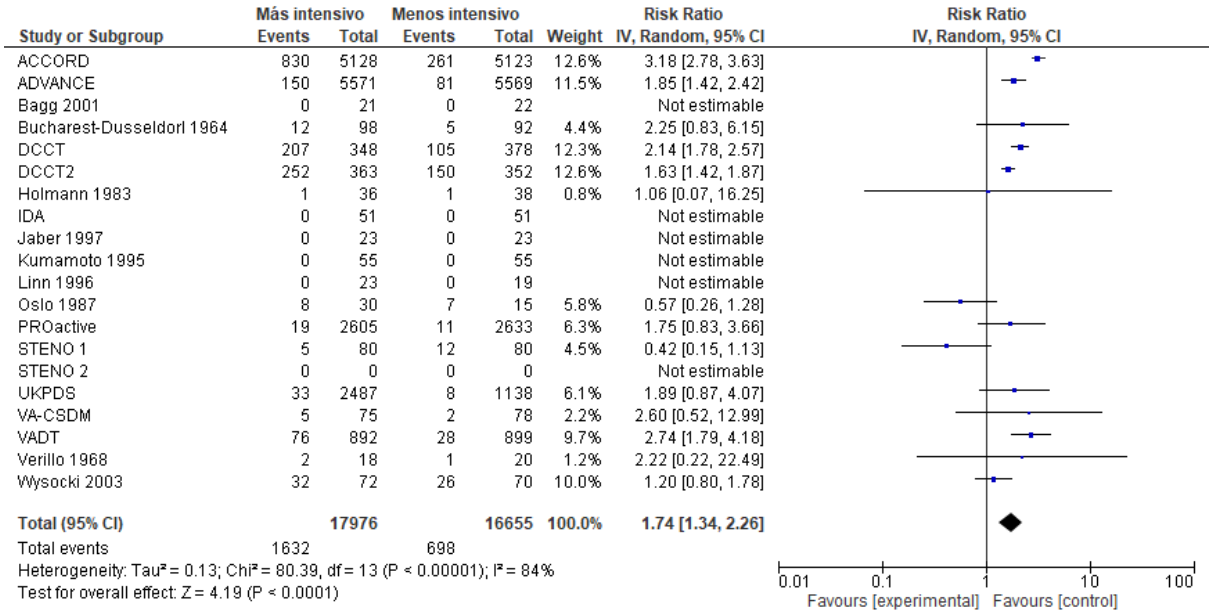


Tabla de Resumen de Resultados (Summary of Findings)

META TERAPÉUTICA DE HEMOGLOBINA GLICOSILADA MENOR O IGUAL A 7% COMPARADO CON META TERAPÉUTICA DE HEMOGLOBINA GLICOSILADA MAYOR A 7% EN ENFERMEDAD RENAL CRÓNICA EN ETAPA 5 CON DIAGNÓSTICO DE DIABETES MELLITUS						
Pacientes	Enfermedad renal crónica en etapa 5, sin diálisis, con diagnóstico de diabetes mellitus					
Intervención	Meta terapéutica de hemoglobina glicosilada menor o igual a 7%					
Comparación	Meta terapéutica de hemoglobina glicosilada mayor a 7%					
Desenlaces	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		meta menor o igual a 7%	**meta 7%**	**Diferencia (IC 95%)**		
Mortalidad	RR 0,99 (0,89 a 1,11) -- 20 ensayos/ 29942 pacientes [29, 32, 39-41, 43, 47-48, 50, 51, 53-55, 57, 65, 78, 79]	88 por 1000	87 por 1000	Diferencia: 1 menos (10 menos a 10 más)	⨁◯◯◯[1,2,3] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría tener poco o nulo impacto en mortalidad. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja. Además, la magnitud del efecto podría ser no relevante para los pacientes.
Infarto agudo al miocardio fatal	RR 1,11 (0,76 a 1,62) -- 3 ensayos/ 14220 pacientes [29, 53, 78]	17 por 1000	19 por 1000	Diferencia: 2 más (4 menos a 10 más)	⨁◯◯◯[1,2,3] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría tener poco o nulo impacto en el riesgo de infarto agudo al miocardio fatal. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja. Además, la magnitud del efecto podría ser no relevante para los pacientes.
Infarto agudo al miocardio no fatal	RR 0,82 (0,67 a 0,99) -- 5 ensayos/ 25596 pacientes [29, 41, 48, 53, 57]	43 por 1000	35 por 1000	Diferencia: 8 menos (0 menos a 14 menos)	⨁◯◯◯[1,2,3] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría disminuir el riesgo de infarto agudo al miocardio no fatal. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Accidente cerebrovascular fatal	RR 1,11 (0,71 a 1,75) -- 3 ensayos/ 15909 pacientes [29, 53, 55]	4 por 1000	5 por 1000	1 más (1 menos a 3 más)	⨁◯◯◯[1,2] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría tener poco o nulo impacto en el riesgo de accidente cerebrovascular fatal. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja. Además, la magnitud del efecto podría ser no relevante para los pacientes.
Accidente cerebrovascular no fatal	RR 0,94 (0,68 a 1,31) -- 5 ensayos/ 25596 pacientes [29, 41, 48, 53, 57]	28 por 1000	26 por 1000	2 menos (9 menos a 9 más)	⨁◯◯◯[1,2,3] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría tener poco o nulo impacto en el riesgo de accidente cerebrovascular no fatal. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Progresión a diálisis	RR 0,62 (0,34 a 1,12) -- 4 ensayos/ 23332 pacientes [29, 48, 55, 57]	16 por 1000	10 por 1000	6 menos (2 más a 10 menos)	⨁◯◯◯[1,2,3] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría disminuir el riesgo de progresión a diálisis. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja. Además, la magnitud del efecto podría ser no relevante para los pacientes.
Hipoglicemia	RR 1,74 (1,34 a 2,26) --	42 por 1000	73 por 1000	31 más (14 a 53 más)	⨁◯◯◯[1,2,4] Muy baja	El uso de meta terapéutica de hemoglobina glicosilada menor o igual a 7% comparado con meta mayor a 7% podría aumentar el riesgo de hipoglicemia. Sin embargo, existe considerable

	20 ensayos/34631 pacientes [29, 30, 32, 36, 38, 43-44, 47-48, 50, 53-57, 65-66, 69, 79]					incertidumbre dado que la certeza de la evidencia es muy baja.

IC 95%: Intervalo de confianza del 95% / RR: Riesgo relativo.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo CON meta terapéutica de hemoglobina glicosilada menor o igual a 7%** está basado en el riesgo del grupo control en los estudios. El **riesgo CON meta terapéutica de hemoglobina glicosilada mayor a 7%** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
[1] Se decidió no disminuir por riesgo de sesgo, ya que pese a que algunos estudios presentan mayor riesgo de sesgo, no hay diferencias importantes al hacer análisis por sensibilidad.
[2] Se disminuyó la certeza de la evidencia en dos niveles de certeza de evidencia por ser indirecta, ya que los estudios abordan una población diferente a la población de interés en el presente informe. Se trata de una población con menor severidad de daño renal, o incluso sin daño, por lo que el efecto beneficioso y perfil de seguridad podría ser muy diferente.
[3] Se disminuyó un nivel de certeza de evidencia por imprecisión, ya que a cada extremo del intervalo de confianza pudiese conllevar una decisión diferente.
[4] Se disminuyó un nivel de certeza de evidencia por inconsistencia, ya que hay discrepancia en los resultados de los estudios primarios (I2 de 84%).
Fecha de elaboración de la tabla: Agosto, 2018

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