RECOMENDACIÓN 6

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica infarto agudo al miocardio con supradesnivel del segmento ST - 2018

A. PREGUNTA CLÍNICA

En personas con infarto agudo al miocardio con supradesnivel del segmento ST (SDST) tratados con trombolíticos ¿Se debe realizar coronariografía y eventual angioplastía de rutina precoz en comparación a realizarla sólo en caso de presentar síntomas o isquemia?
*Precoz: 24 a 48 hrs.

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

Población: Personas con infarto agudo al miocardio con supradesnivel del segmento ST (SDST) tratados con trombolíticos.
Intervención: Coronariografía y eventual angioplastía de rutina precoz.
Comparación: Realizarla sólo en caso de presentar síntomas o isquemia.
Desenlace (outcome): Mortalidad, reinfarto, accidente cerebrovascular, hospitalización, insuficiencia cardiaca, hemorragia.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de "Acute coronary syndrome". 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; PsyclNFO; 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 17 revisiones sistemáticas que incluyen 58 estudios primarios, de los cuales 49 corresponden a ensayos aleatorizados. Para más detalle ver "*Matriz de evidencia*"[2], en el siguiente enlace: Coronariografía y eventual angioplastía en infarto agudo al Miocardio con supradesnivel del segmento ST previamente tratados con trombolíticos

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	17 [1-17]
Estudios primarios	49 ensayos aleatorizados [18-66], 9 observacionales [67-75]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificando una revisión sistemática [2] que contiene la mayoría de los estudios primarios identificados, excepto algunos considerados como no relevantes por las siguientes razones:

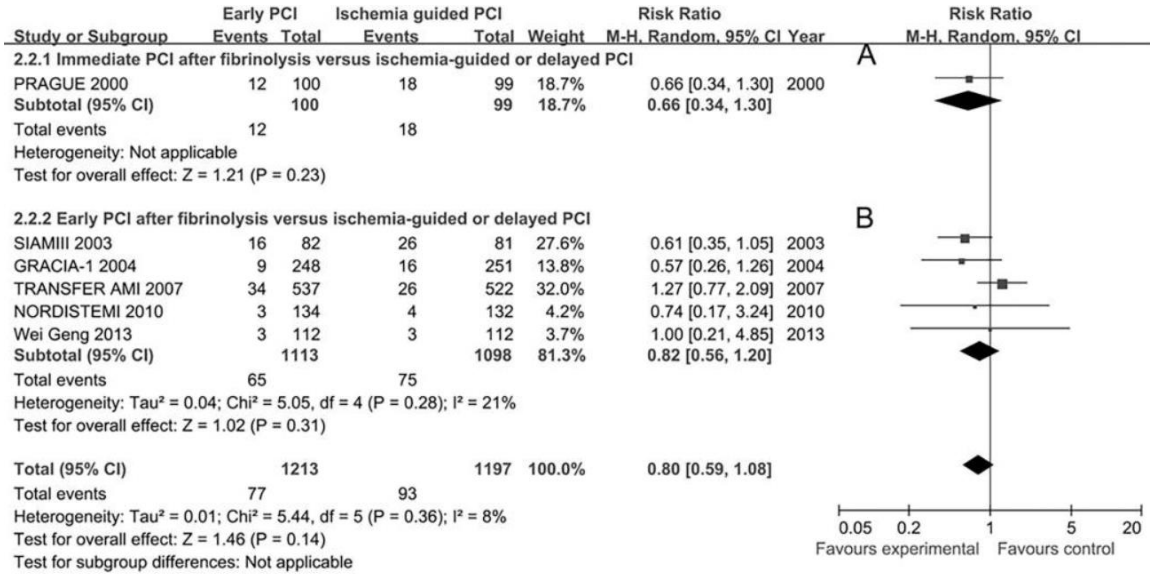
- Angioplastía de rescate [12, 28, 38, 41, 46, 51, 64].
- Angioplastía facilitada [18, 23, 29, 33, 35, 39, 40, 54, 55, 57, 60, 61, 62].
- Comparación contra angioplastía primaria [19, 43, 44, 63, 65].

Por otra parte, los ensayos que no incluye fueron excluidos explícitamente por la revisión o se trata de ensayos no contemporáneos [22, 26, 31, 37, 53, 50, 56, 58, 52, 66] (antes del año 2000) que podrían no ser representativos del manejo actual del infarto agudo al miocardio.
Por las razones anteriormente descritas se decidió reutilizar los metanálisis de la revisión sistemática para la construcción de la tabla de resumen de resultados. Los desenlaces insuficiencia cardiaca, hospitalizaciones, accidente cerebrovascular y hemorragia no fueron reportados por la revisión sistemática, por lo cual se extrajeron los datos directamente desde los ensayos.

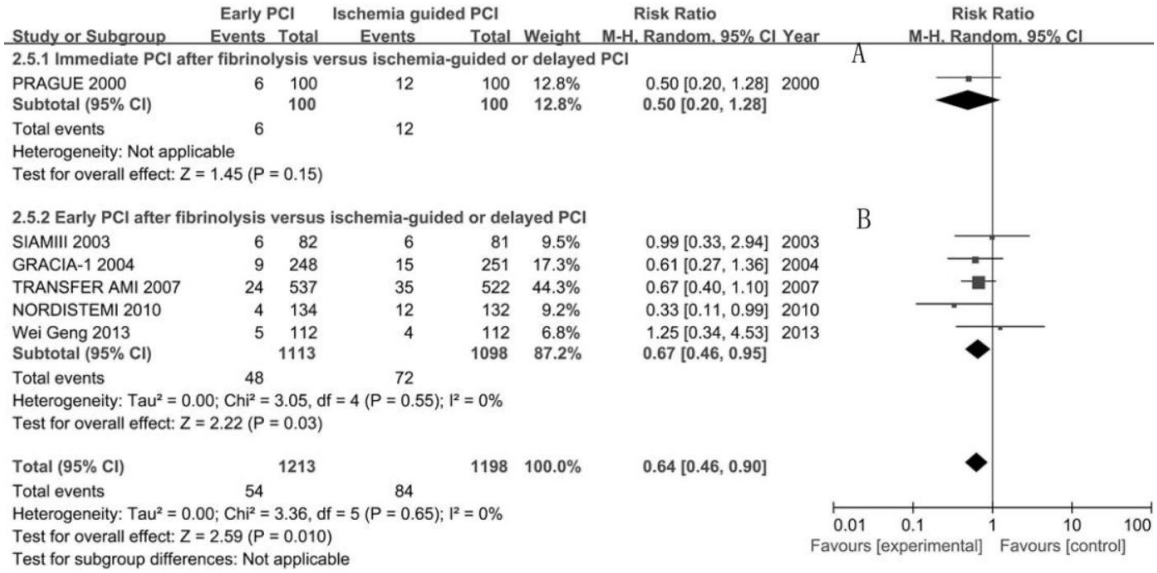
[2] **Matriz de Evidencia**, tabla dinámica que grafica el conjunto de evidencia existente para una pregunta (en este caso, la pregunta del presente informe). Las filas representan las revisiones sistemáticas y las columnas los estudios primarios que estas revisiones han identificado. Los recuadros en verde corresponden a los estudios incluidos en cada revisión. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.

Metanálisis

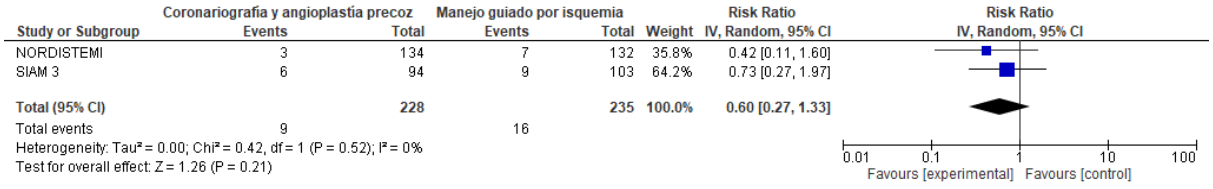
Mortalidad



Reinfarto



Accidente cerebrovascular



Hospitalizaciones

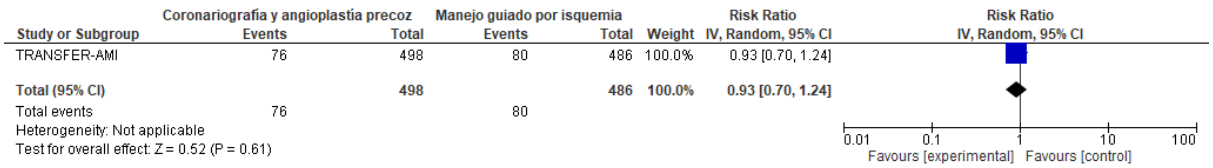


Tabla de Resumen de Resultados (Summary of Findings)

CORONARIOGRAFÍA PRECOZ VERSUS MANEJO GUIADO POR ISQUEMIA POST-TROMBOLISIS EN IAM CON SDST.						
Población	Personas con infarto agudo al miocardio con supradesnivel del segmento ST (SDST) tratados con trombolíticos					
Intervención	Coronariografía y eventual angioplastía de rutina precoz.					
Comparación	Realizarla sólo en caso de presentar síntomas o isquemia.					
Desenlaces**	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		Realizarla sólo en caso de presentar síntomas o isquemia	**Coronariografía y angioplastía rutinaria precoz**	**Diferencia (IC 95%)**		
Mortalidad	RR 0,80 (0,59 a 1,08) -- 6 ensayos [34, 36, 42, 45, 49, 59] / 2410 pacientes	78 por 1000	62 por 1000	Diferencia: 16 menos (32 menos a 6 más)	⨁⨁⨁◯[1] Moderada	Coronariografía y eventual angioplastía de rutina precoz comparado con realizarla sólo en caso de presentar síntomas o isquemia probablemente disminuye la mortalidad.
Reinfarto	RR 0,64 (0,46 a 0,90) -- 6 ensayos [34, 36, 42, 45, 49, 59] / 2410 pacientes	70 por 1000	45 por 1000	Diferencia: 25 menos (7 a 38 menos)	⨁⨁⨁⨁ Alta	Coronariografía y eventual angioplastía de rutina precoz comparado con realizarla sólo en caso de presentar síntomas o isquemia disminuye el riesgo de reinfarto.
Accidente cerebrovascular	RR 0,60 (0,27 a 1,33) -- 2 ensayos [42, 49] / 463 pacientes	68 por 1000	41 por 1000	Diferencia: 27 menos (50 menos a 22 más)	⨁⨁◯◯[2] Baja	Coronariografía y eventual angioplastía de rutina precoz comparado con realizarla sólo en caso de presentar síntomas o isquemia podría disminuir los accidentes cerebrovasculares, pero la certeza de la evidencia es baja.
Hospitalización	RR 0,93 (0,70 a 1,24) -- 1 ensayo [59] / 984 pacientes	165 por 1000	153 por 1000	Diferencia: 12 menos (49 menos a 40 más)	⨁⨁◯◯[2] Baja	Coronariografía y eventual angioplastía de rutina precoz comparado con realizarla sólo en caso de presentar síntomas o isquemia podría disminuir los accidentes cerebrovasculares, pero la certeza de la evidencia es baja.
Insuficiencia cardiaca	El desenlace insuficiencia cardiaca no fue reportado.				--	--
Hemorragia	El desenlace hemorragia no fue reportado.				--	--

IC 95%: Intervalo de confianza del 95%.
RR: Riesgo relativo.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo CON realizarla sólo en caso de presentar síntomas o isquemia** está basado en el riesgo del grupo control en los estudios. El **riesgo CON coronariografía y angioplastía precoz** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
**Seguimiento promedio 1 año.
[1] Se disminuyó un nivel de certeza de evidencia por imprecisión, ya que cada extremo del intervalo de confianza conlleva una decisión diferente.

[2] Se disminuyó dos niveles de certeza de evidencia por imprecisión, ya que cada extremo del intervalo de confianza conlleva una decisión opuesta (intervalo de confianza muy amplio).
Fecha de elaboración de la tabla: Enero, 2019.

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