

RECOMENDACIÓN 11

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Hipertensión arterial primaria o esencial en personas de 15 años y más - 2018

A. PREGUNTA CLÍNICA

Para el seguimiento de personas mayores de 15 años con diagnóstico de hipertensión arterial, ¿Debe preferirse realizar toma de presión arterial en domicilio en comparación con toma de presión arterial en consulta?

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

Población: Personas mayores de 15 años con diagnóstico de hipertensión arterial

Intervención: Seguimiento con toma de presión arterial en domicilio o Automedida de la Presión Arterial (AMPA)

Comparación: Seguimiento con toma de presión arterial en consulta

Desenlace (outcome): Paciente controlado (presión arterial bajo 140/90 o 130/80 en diabéticos)

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Hypertension”. 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 primarios¹.

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

C. SÍNTESIS DE EVIDENCIA

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.

Resumen de la evidencia identificada

En las preguntas que comparan diagnósticos, el equipo metodológico consideró necesario distinguir dos enfoques para abordar su respuesta: *impacto diagnóstico* y *exactitud diagnóstica*. Se estableció priorizar estudios que evaluarán el *impacto diagnóstico del test*, es decir aquellos que comparan los resultados en salud de los pacientes diagnosticados/tratados en función a un test versus los resultados de pacientes diagnosticados/tratados en función a otro test. En caso de no encontrar este tipo de estudios, se utilizarían estudios que evaluaran la *exactitud diagnóstica del test*, es decir aquellos que evalúan qué tan bien el test clasifica a los pacientes respecto a si tienen o no una condición.²

Se identificaron 9 revisiones sistemáticas que incluyen 107 estudios primarios, de los cuales 75 corresponden a ensayos aleatorizados que responden la pregunta de *impacto diagnóstico*, por lo que se decidió omitir la exactitud diagnóstica del test. Para más detalle ver “*Matriz de evidencia*”³, en el siguiente link: [Monitorización en domicilio de presión arterial \(24 horas\) comparado con monitorización en consulta de hipertensión arterial](#)

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	9 [1-9]
Estudios primarios	75 ensayos aleatorizados [10-84] y 32 observacionales [85-116]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificándose que una revisión sistemática [7] que incluye todos los ensayos aleatorizados relevantes [10-84] (o existen razones explícitas de exclusión de algunos ensayos tales como telemonitorización, utilización de estrategia de automanejo de fármacos utilizando medición de presión arterial en domicilio o utilización como estrategia complementaria) dando finalmente se decidió rehacer el metanálisis a partir de 11 ensayos [14, 20, 22, 26, 32, 41, 46, 52, 53, 64, 76] relevantes que entregaban datos suficientes.

² Schünemann HJ, Schünemann AHJ, Oxman AD, Brozek J, Glasziou P, Jaeschke R, et al. Grading quality of evidence and strength of recommendations for diagnostic tests and strategies. BMJ [Internet]. 2008 May 17 [cited 2018 Aug 1];336(7653):1106–10.

³ **Matriz de Evidencia**, tabla dinámica cuyas filas representan las revisiones sistemática 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.

Metanálisis

Pacientes con presión arterial controlada (presión arterial bajo 140/90 o 130/80 en diabéticos)

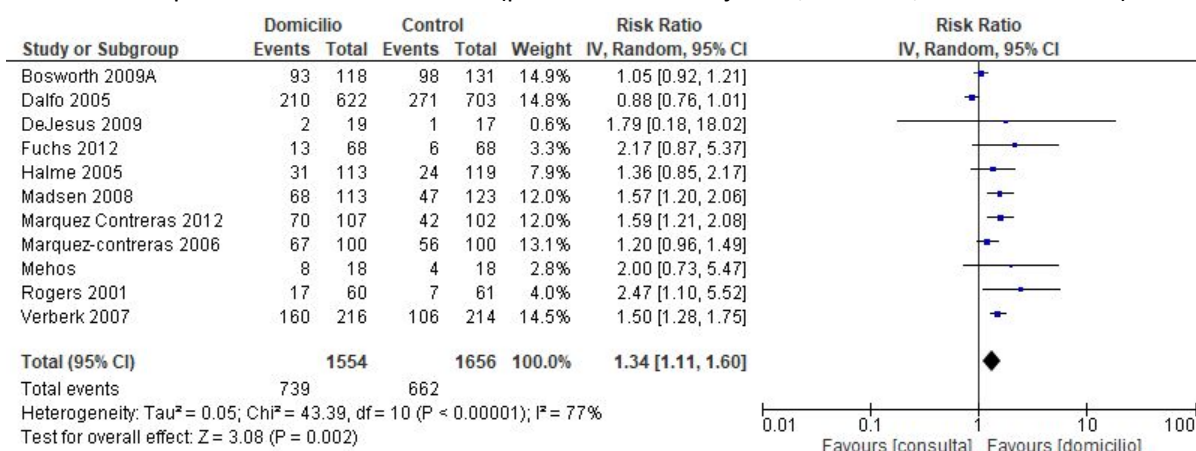


Tabla de Resumen de Resultados (Summary of Findings)

SEGUIMIENTO DE PERSONAS MAYORES DE 15 AÑOS CON DIAGNÓSTICO DE HIPERTENSIÓN ARTERIAL, CON TOMA DE PRESIÓN ARTERIAL EN DOMICILIO EN COMPARACIÓN CON TOMA DE PRESIÓN ARTERIAL EN CONSULTA						
Población	Personas mayores de 15 años con diagnóstico de hipertensión arterial					
Intervención	Seguimiento con toma de presión arterial en domicilio o Automedida de la Presión Arterial (AMPA)					
Comparación	Seguimiento con toma de presión arterial en consulta					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		consulta	domicilio	Diferencia (IC 95%)		
Personas con presión arterial controlada (presión arterial bajo 140/90 o 130/80 en diabéticos)	RR: 1,34 (1,11 a 1,6) -- 11 ensayos/ 3.210 pacientes [14, 20, 22, 26, 32, 41, 46, 52, 53, 64, 76]	400 por 1000	536 por 1000	Diferencia: 136 pacientes más por 1000 (44 a 240 más)	⊕⊕⊕⊕ ^{1,2} Moderada	El seguimiento con toma de presión arterial en domicilio probablemente aumenta las personas con hipertensión arterial controlados comparado con seguimiento con toma de presión arterial en consulta.
RR: Riesgo relativo /IC 95%: Intervalo de confianza del 95% GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation. * El riesgo CON seguimiento con toma de presión en domicilio está basado en el riesgo del grupo control en los estudios. El riesgo CON seguimiento con toma de presión en consulta (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza). ¹ Se disminuyó en un nivel la certeza de la evidencia por riesgo de sesgo por razones variadas en los ensayos: algunos no era clara la secuencia de aleatorización ni el ocultamiento de ésta [14, 20, 22, 46, 64, 76]. Fecha de elaboración de la tabla: Julio, 2018						

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