

## RECOMENDACIÓN T3

### BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

#### Guía de Práctica Clínica Ataque cerebrovascular - 2018

##### A. PREGUNTA CLÍNICA

En personas mayores de 15 años con ataque cerebrovascular (ACV) isquémico aguda ¿Se debe realizar cierre del foramen oval permeable MÁS tratamiento antitrombótico en comparación a realizar sólo tratamiento antitrombótico?

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

**Población:** Personas mayores de 15 años con ataque cerebrovascular (ACV) isquémico aguda.

**Intervención:** Realizar cierre del foramen oval permeable MÁS tratamiento antitrombótico.

**Comparación:** Realizar sólo tratamiento antitrombótico.

**Desenlace (outcome):** Accidente cerebrovascular, fibrilación o flutter auricular, sangrado mayor.

##### B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Stroke”. 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; PsycINFO; 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.<sup>1</sup>

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

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<sup>1</sup> 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.

## C. SÍNTESIS DE EVIDENCIA

### Resumen de la evidencia identificada

Se identificaron 47 revisiones sistemáticas que incluyen 88 estudios primarios, de los cuales 8 corresponden a ensayos aleatorizados. Para más detalle ver “*Matriz de evidencia*”<sup>2</sup>, en el siguiente enlace: [Cierre de foramen oval en accidente cerebrovascular](#).

Tabla 1: Resumen de la evidencia seleccionada

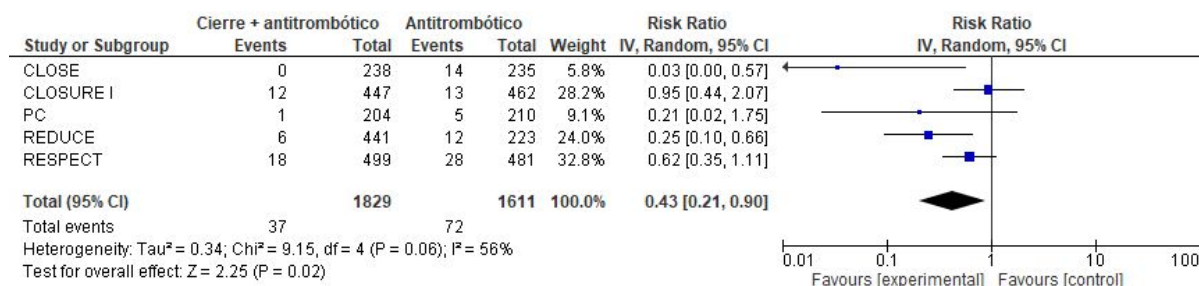
Revisión Sistemática	47 [1-47]
Estudios primarios	8 ensayos aleatorizados [48-54], 80 observacionales [57-134]

### Estimador del efecto

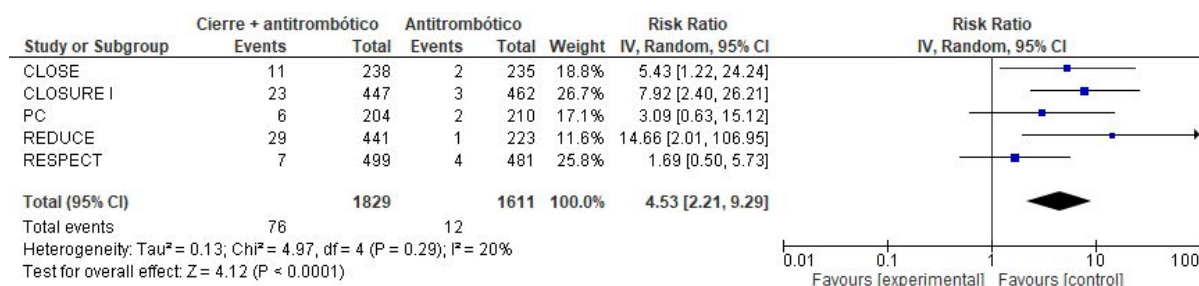
Se realizó un análisis de la matriz de evidencia, decidiendo excluir un ensayo [49] ya que no compara cierre versus no cierre, sino diferentes dispositivos. Se incluyeron 5 ensayos aleatorizados [48, 50-54]. Los estudios observacionales no aumentaban la certeza de la evidencia ni entregaban información adicional. Se identificó una revisión sistemática [22] que incluye todos los ensayos relevantes, por lo que se decidió reutilizar sus metanálisis para construir la tabla de resumen de resultados.

### Metanálisis

#### Accidente cerebrovascular



#### Fibrilación o flutter auricular



<sup>2</sup> **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.

## Sangrado mayor



**Tabla de Resumen de Resultados (Summary of Findings)**

CIERRE DEL FORAMEN OVAL PERMEABLE PARA ATAQUE CEREBROVASCULAR ISQUÉMICO AGUDO						
Población	Personas mayores de 15 años con ataque cerebrovascular (ACV) isquémico agudo.					
Intervención	Realizar cierre del foramen oval permeable más tratamiento antitrombótico.					
Comparación	Realizar sólo tratamiento antitrombótico.					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		antitrombóticos	Cierre + antitrombóticos	Diferencia (IC 95%)		
Accidente cerebrovascular	RR 0,43 (0,21 a 0,90) -- 5 ensayos / 3340 pacientes [50-54]	45 por 1000	19 por 1000	Diferencia: 26 menos (4 a 35 menos)	⊕⊕○○ <sup>1,2</sup> Baja	Realizar cierre del foramen oval permeable más tratamiento antitrombótico comparado con sólo tratamiento antitrombótico podría disminuir el riesgo de accidente cerebrovascular, pero la certeza de la evidencia es baja.
Fibrilación o flutter auricular	RR 4,53 (2,21 a 9,29) -- 5 ensayos / 3340 pacientes [50-54]	7 por 1000	34 por 1000	Diferencia: 27 más (9 a 62 más)	⊕⊕⊕⊕ <sup>1</sup> Alta	Realizar cierre del foramen oval permeable más tratamiento antitrombótico comparado con sólo tratamiento antitrombótico aumenta el riesgo de fibrilación o flutter auricular.
Sangrado mayor	RR 0,97 (0,42 a 2,26) -- 5 ensayos / 3440 pacientes [50-54]	12 por 1000	12 por 1000	Diferencia: 0 (7 menos a 15 más)	⊕⊕○○ <sup>1,3</sup> Baja	Realizar cierre del foramen oval permeable más tratamiento antitrombótico comparado con sólo tratamiento antitrombótico podría disminuir los sangrados mayores, pero la certeza de la evidencia es 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 antitrombóticos** está basado en el riesgo del grupo control en los estudios. El **riesgo CON cierre + antitrombóticos**(y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).

<sup>1</sup> Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo, ya que ningún ensayo fue ciego. No se disminuyó por este factor para el desenlace fibrilación auricular, ya que el sesgo probablemente reforzaría esta conclusión.

<sup>2</sup> Se disminuyó un nivel de certeza de evidencia por inconsistencia (I2 50%)

<sup>3</sup> Se disminuyó un nivel de certeza de evidencia por imprecisión ya que cada extremo del intervalo de confianza conlleva una decisión diferente

**Fecha de elaboración de la tabla:** Octubre, 2018.

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