

## RECOMENDACIÓN 6

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

#### Guía de Práctica Clínica Prevención de la progresión de la enfermedad renal crónica - 2018

##### A. PREGUNTA CLÍNICA

En persona adultas con enfermedad renal crónica (etapa 1-4) ¿Se debe usar dieta hipoproteica en comparación a usar dieta normoproteica?

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

**Población:** Persona adultas con enfermedad renal crónica (etapa 1-4).

**Intervención:** Dieta hipoproteica.

**Comparación:** Dieta normoproteica.

**Desenlace (outcome):** Mortalidad, progresión a diálisis.

##### 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; 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 12 revisiones sistemáticas que incluyen 65 estudios primarios, de los cuales 48 corresponden a ensayos aleatorizados. Para más detalle ver “*Matriz de evidencia*”<sup>2</sup>, en el siguiente enlace: [Dieta baja en proteínas para la enfermedad renal crónica](#).

Tabla 1: Resumen de la evidencia seleccionada

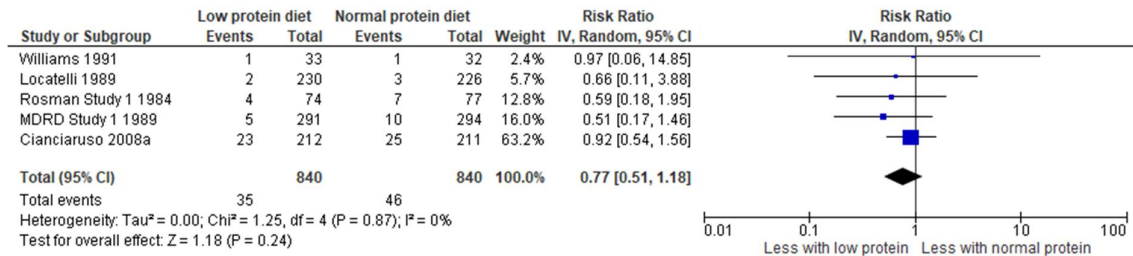
Revisión Sistemática	12 [1-12]
Estudios primarios	48 ensayos aleatorizados [13-60], 17 observacionales [61-77]

### Estimador del efecto

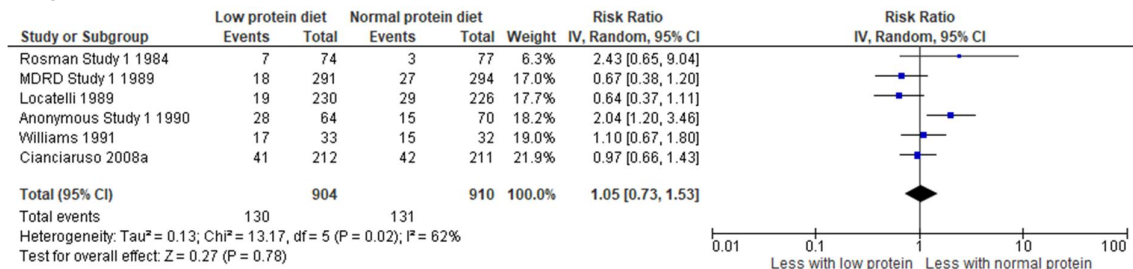
Se realizó un análisis de la matriz de evidencia, decidiendo excluir del análisis un ensayo [57] que incluye pacientes en etapa 5, cuatro ensayos [27, 33, 35, 49] que no comparan contra dieta normoproteica y siete ensayos [15, 16, 36, 47, 50, 55, 56] que evalúan la adición de suplementos a una dieta baja en proteínas. Finalmente, una revisión sistemática [4] incluyó la mayoría de los ensayos aleatorizados relevantes. El resto de los ensayos [20, 23, 24, 29, 30, 32, 34, 43, 48, 51, 58, 60] no entregaban datos en los desenlaces seleccionados.

### Metanálisis

#### Mortalidad





#### Progresión a diálisis



<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.



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

<b>DIETA HIPOPROTEICA COMPARADO CON DIETA NORMOPROTEICA EN ENFERMEDAD RENAL CRÓNICA (ETAPA 1-4)</b>						
Pacientes	Persona adultas con enfermedad renal crónica (etapa 1-4).					
Intervención	Dieta hipoproteica.					
Comparación	Dieta normoproteica.					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		Dieta normoproteica	Dieta hipoproteica	Diferencia (IC 95%)		
Mortalidad	RR 0,77 (0,51 a 1,18) -- 5 ensayos / 1680 pacientes [19, 37, 38, 52, 59]	55 por 1000	42 por 1000	Diferencia: 13 menos (27 menos a 10 más)	 Baja	La dieta hipoproteica podría disminuir la mortalidad, pero la certeza de la evidencia es baja.
Progresión a enfermedad renal crónica terminal	RR 1,03 (0,73 a 1,47) -- 6 ensayos / 1814 pacientes [19, 25, 37, 38, 52, 59]	144 por 1000	148 por 1000	Diferencia: 4 más (39 menos a 68 más)	 Muy baja	La dieta hipoproteica podría acelerar la progresión a enfermedad renal crónica terminal. Sin embargo, existe considerable 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 dieta normoproteica** está basado en el riesgo del grupo control en los estudios. El **riesgo CON dieta hipoproteica** (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 en la mayoría de los ensayos no está clara la secuencia de aleatorización ni el ocultamiento de ésta.  
<sup>2</sup> Se disminuyó un nivel de certeza de evidencia por imprecisión ya que cada extremo del intervalo de confianza conlleva una decisión diferente.  
<sup>3</sup> Se disminuyó un nivel de certeza de evidencia por inconsistencia ya que diferentes ensayos presentan diferentes conclusiones (12 de 62%).  
**Fecha de elaboración de la tabla:** Octubre, 2018.

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