Centro UC Evidencia

Epistemonikos

Ministerio de Salud
Gobierno de Chile

RECOMENDACIÓN 2

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Hemodiálisis - 2018

A. PREGUNTA CLÍNICA

En personas con enfermedad renal crónica etapa que inician hemodiálisis ¿Se debe usar fístula en comparación a catéter permanente?

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

Población: Personas con enfermedad renal crónica etapa que inician hemodiálisis.
Intervención: Usar fístula.
Comparación: Catéter permanente.
Desenlace (outcome): Mortalidad, permeabilidad del acceso, infecciones.

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

C. SÍNTESIS DE EVIDENCIA

Resumen de la evidencia identificada

Se identificaron 4 revisiones sistemáticas que incluyen 258 estudios primarios, de los cuales solo 1 corresponde a un ensayo aleatorizado. Para más detalle ver "*Matriz de evidencia*"[2], en el siguiente enlace: Acceso vascular para hemodiálisis.

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	4 [1-4]
Estudios primarios	1 ensayo [5], 257 observacionales [6-262]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, decidiendo excluir el ensayo aleatorizado ya que no corresponde a la comparación de interés, sino a evaluar una intervención para mantener permeable el acceso [5]. De esta manera, se identificó una revisión sistemática que si bien no incluye la totalidad de los estudios, incluye la mayoría de ellos y la incorporación de los faltantes es improbable que modifique la certeza o estimador de efecto. Sin embargo, la revisión no presentaba los metanálisis, por lo cual se presentan los resultados de manera narrativa en la tabla de resumen de resultados.

Metanálisis

No aplica.

[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.

Tabla de Resumen de Resultados (Summary of Findings)

FÍSTULA COMPARADO CON CATÉTER PERMANENTE PARA PERSONAS CON ENFERMEDAD RENAL CRÓNICA ETAPA QUE INICIAN HEMODIÁLISIS			
Pacientes	Personas con enfermedad renal crónica etapa que inician hemodiálisis		
Intervención	Fístula.		
Comparación	Catéter permanente.		
Desenlaces	**Efecto**	**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
Mortalidad	El grupo con catéter presentó una mortalidad de 25,6% (IC 95% 20,3 a 32,3) comparado con el grupo con fístula que presentó una mortalidad de 15,3% (IC 95% 12,5 a 18,7).	⊕◯◯◯[1,2] Muy baja	El uso de fístula comparado con catéter permanente podría disminuir la mortalidad. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Permeabilidad del acceso a 2 años	La permeabilidad en el grupo con catéter fue de 49,9% (IC 95% 40,8 a 60,9). En cambio, en el grupo con fístula arteriovenosa fue de 54,8% (IC 95% 52,2 a 57,6%).	⊕◯◯◯[1,2] Muy baja	El uso de fístula comparado con catéter permanente podría conllevar una mayor probabilidad de permeabilidad a 2 años. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Infecciones	La tasa de infecciones fue un 16% (IC 95% 7,8 a 34,4) en el grupo con catéter comparado con un 2,1% (IC 95% 0,1 a 4,3) en el grupo con fístula.	⊕◯◯◯[1,2] Muy baja	El uso de fístula comparado con catéter permanente podría disminuir el riesgo de infecciones. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.

IC 95%: Intervalo de confianza del 95%.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
[1] Diseño observacional.
[2] Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo, ya que algunos ensayos no ajustaron por factores confundentes.
Fecha de elaboración de la tabla: Octubre, 2018.

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