

RECOMENDACIÓN 4

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica Peritoneodiálisis - 2018

A. PREGUNTA CLÍNICA

En personas adultas mayores con enfermedad renal crónica en etapa 5 ¿Se debe realizar diálisis peritoneal en comparación a realizar hemodiálisis?

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

Población: Personas adultas mayores con enfermedad renal crónica en etapa 5.

Intervención: Diálisis peritoneal.

Comparación: Hemodiálisis.

Desenlace (outcome): Mortalidad, calidad de vida.

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.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 8 revisiones sistemáticas que incluyen 213 estudios primarios, de los cuales solo 1 corresponde a un ensayo aleatorizado. Para más detalle ver “*Matriz de evidencia*”², en el siguiente enlace: [Diálisis peritoneal versus hemodiálisis para la insuficiencia renal en etapa terminal](#)

Tabla 1: Resumen de la evidencia seleccionada

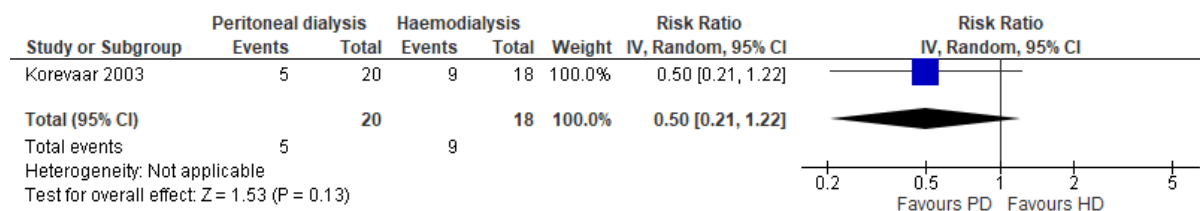
Revisión Sistemática	8 [1-8]
Estudios primarios	1 ensayo [9] y 212 observacionales [10-221]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificando que una revisión sistemática [6] incluye el ensayo aleatorizado relevante [9], por lo que se decidió reutilizar sus metanálisis para construir la tabla de resumen de resultados. La incorporación de estudios observacionales no aumentaba la certeza ni entregaba información adicional.

Metanálisis

Mortalidad



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)

DIÁLISIS PERITONEAL COMPARADO CON HEMODIÁLISIS PARA ENFERMEDAD RENAL CRÓNICA EN ETAPA 5.						
Pacientes	Personas adultas mayores con enfermedad renal crónica en etapa 5.					
Intervención	Diálisis peritoneal.					
Comparación	Hemodiálisis.					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		Hemodiálisis	Diálisis peritoneal	Diferencia (IC 95%)		
Mortalidad	RR 0,50 (0,21 a 1,22) -- 1 ensayo/ 38 pacientes [9]	500 por 1000	250 por 1000	Diferencia: 250 menos (395 menos a 110 más)	⊕⊕○○ ^{1,2} Baja	Diálisis peritoneal comparado con hemodiálisis podría disminuir la mortalidad, pero la certeza de la evidencia es baja.
<p>IC 95%: Intervalo de confianza del 95%. RR: Riesgo relativo. DM: Diferencia de media. GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation. * El riesgo CON hemodiálisis está basado en el riesgo del grupo control en los estudios. El riesgo CON diálisis peritoneal(y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza). ¹ Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo, ya que no estaba clara la generación de secuencia de aleatorización. ² 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.</p>						

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