

## RECOMENDACIÓN T.6

### INFORME DE BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica Salud Oral Integral: Tratamiento y Rehabilitación Oral en Personas Adultas y Personas Mayores con Edentulismo Parcial o Total

#### A. PREGUNTA CLÍNICA

En personas con edentulismo total inferior ¿Se debe rehabilitar por medio de prótesis fija sobreimplante en comparación a rehabilitar por medio de sobredentadura implanto asistida (o implantosoportada)?

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

**Población:** Personas con edentulismo total inferior.

**Intervención:** Rehabilitar por medio de prótesis fija sobre implante.

**Comparación:** Rehabilitar por medio de sobredentadura implanto asistida o implantosoportada

**Desenlace (outcome):** Calidad de vida relacionada con la salud oral, nivel de satisfacción del paciente, necesidad de rebasado de prótesis antagonista, complicaciones protésicas.

#### B. BÚSQUEDA DE EVIDENCIA

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

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.

## C. SÍNTESIS DE EVIDENCIA

### Resumen de la evidencia identificada

Se identificaron 7 revisiones sistemáticas que incluyen 208 estudios primarios, de los cuales 29 corresponden a ensayos aleatorizados. Para más detalle ver “*Matriz de evidencia*”<sup>1</sup>, en el siguiente enlace: [Prótesis fija sobre implante versus sobredentadura implanto asistida o implantesoportada en desdentado total](#)

Tabla 1: Resumen de la evidencia seleccionada

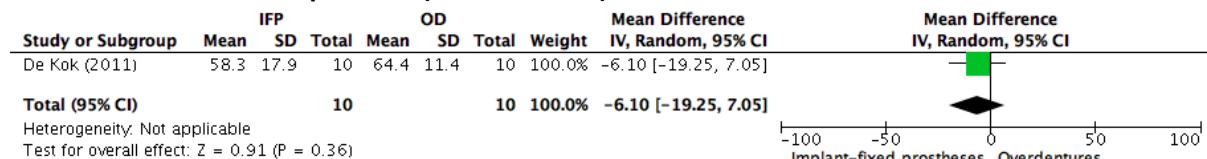
Revisión Sistemática	7 [1-7].
Estudios primarios	30 ensayos aleatorizados [8-37] y 179 observacionales [38-216].

### Estimador del efecto

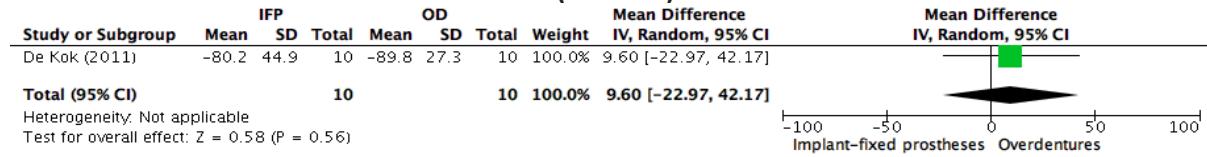
Se realizó un análisis de la matriz de evidencia, observando que dos revisiones [5,7] incluyeron los ensayos aleatorizados relevantes [9,27]. El resto de los ensayos fueron excluidos ya que realizaban comparaciones entre distintos sistemas de anclaje, el número y tipo de implantes que asisten la sobredentadura o prótesis fija [8,10-26,28-30]. Ninguna de las revisiones realizó un metanálisis ni reportó todos los resultados de los estudios, por lo que se extrajeron los datos directamente desde los estudios primarios. Los estudios observacionales tampoco fueron incorporados en el análisis, ya que su inclusión no mejoraba la certeza de la evidencia ni entregaba información adicional [38-216].

### Metanálisis

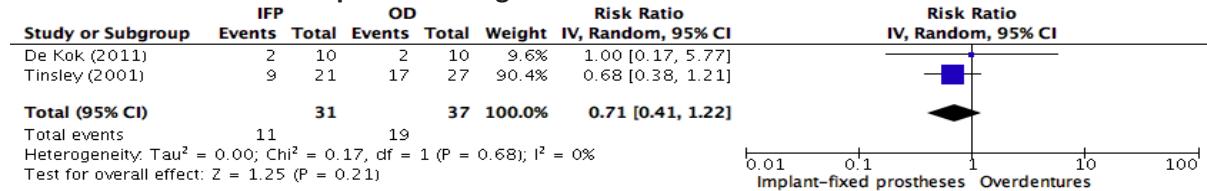
#### Nivel de satisfacción del paciente (Escala VAS-14).



#### Calidad de vida relacionada con la salud oral (OHIP-49).



#### Necesidad de rebasado de prótesis antagonista.



<sup>1</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)**

REHABILITAR POR MEDIO DE PRÓTESIS FIJA SOBRE IMPLANTE PARA EDENTULISMO TOTAL INFERIOR.						
Pacientes	Personas con edentulismo total inferior.					
Intervención	Rehabilitar por medio de prótesis fija sobre implante.					
Comparación	Rehabilitar por medio de sobredentadura implanto asistida o implantosoportada					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
	Sobredenta dura implanto asistida	Prótesis fija sobre implantes	Diferencia (IC 95%)			
Calidad de vida relacionada con la salud oral**	-- 1 ensayo / 20 pacientes [9]	89,8 puntos menos	80,2 puntos menos	DM: 9,6 peor (22,97 mejor a 41,17 peor)	⊕○○○ <sup>1,2</sup> Muy baja	Rehabilitar con prótesis fija sobre implante podría empeorar la calidad de vida en comparación a rehabilitar con prótesis implantoasistida. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Nivel de satisfacción del paciente***	-- 1 ensayo / 20 pacientes [9]	64,4 puntos	58,3 puntos	DM: 6,1 menos (19,25 menos a 7,05 más)	⊕○○○ <sup>1,2</sup> Muy baja	Rehabilitar con prótesis fija sobre implante podría disminuir el nivel de satisfacción en comparación a rehabilitar con prótesis implantoasistida. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Necesidad de rebasado de prótesis antagonista	RR 0,71 (0,41 a 1,22) -- 2 ensayos / 68 pacientes [9,27].	514 por 1000	365 por 1000	Diferencia: 149 menos (303 menos a 113 más)	⊕○○○ <sup>1,2</sup> Muy baja	Rehabilitar con prótesis fija sobre implante podría disminuir la necesidad de rebasado de la prótesis antagonista en comparación a rehabilitar con prótesis implantoasistida. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Complicaciones protésicas	-- 2 ensayos / 68 pacientes [9,27].	Un estudio [9] reportó 25 eventos de desajuste protésico en el grupo intervención versus 30 eventos en el grupo control a los 12 meses de seguimiento.  En otro estudio [27], en 5 y 17 casos tuvieron que rehacerse las prótesis en el grupo intervención y control respectivamente a los 4 años de seguimiento.			⊕○○○ <sup>1,2</sup> Muy baja	Rehabilitar con prótesis fija sobre implante podría tener poco impacto en la incidencia de complicaciones protésicas en comparación a rehabilitar con prótesis implantoasistida. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.

GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.

DM: diferencia de media// RR: Riesgo relativo // IC 95%: Intervalo de confianza del 95%

\*\*La calidad de vida relacionada con la salud oral fue medida el uso de la versión de 49 elementos del Perfil de impacto en la salud oral (OHIP-49). Este cuestionario consta de 49 ítems que cubren siete dominios: limitación funcional, dolor físico, malestar psicológico, discapacidad física, discapacidad psicológica, discapacidad social y discapacidad. Estos ítems son puntuados de 0 a 4, desde nunca (0) a muy a menudo (4).

\*\*\*Las opiniones de los pacientes sobre sus prótesis actuales en términos de satisfacción general, retención y estabilidad, masticación, higiene bucal, comodidad, habla y estética se evaluaron mediante una escala visual análoga (VAS-14). Cada escala usó una línea de 100 mm con "completa insatisfacción" en un extremo de la línea y "completa satisfacción" en el otro.

<sup>1</sup> Se disminuyó un nivel de certeza por riesgo de sesgo, ya que ambos ensayos presentan problemas en la asignación de la secuencia aleatoria y el ocultamiento de esta.

<sup>2</sup> Se disminuyó dos niveles de certeza de evidencia por imprecisión, ya que cada extremo del intervalo de confianza conlleva a decisiones opuestas, o en los casos en que no se cuenta con un intervalo, se trata de estudios con baja cantidad de pacientes.

Fecha de elaboración de la tabla: Enero, 2019.

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