



RECOMENDACIÓN TRATAMIENTO

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Alcohol y otras Drogas - 2018

A. PREGUNTA CLÍNICA

En personas menores de 20 años con trastornos por uso de alcohol y otras drogas (consumo perjudicial/dependencia) ¿Se debe realizar intervención motivacional (de “enganche”) en comparación a no realizar intervención motivacional, previo al inicio de tratamiento por trastorno del uso de alcohol y drogas?

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

Población: En personas menores de 20 años con trastornos por uso de alcohol y otras drogas.

Intervención: Realizar intervención motivacional.

Comparación: No realizar intervención motivacional.

Desenlace (outcome): Adherencia al tratamiento, proporción de uso de sustancias.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Alcohol abuse and dependence”. 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 131 estudios primarios, de los cuales 124 corresponden a ensayos aleatorizados. Para más detalle ver “*Matriz de evidencia*”², en el siguiente enlace: [Intervención motivacional para el tratamiento del trastorno por abuso de sustancias en adultos jóvenes y adolescentes](#).

Tabla 1: Resumen de la evidencia seleccionada

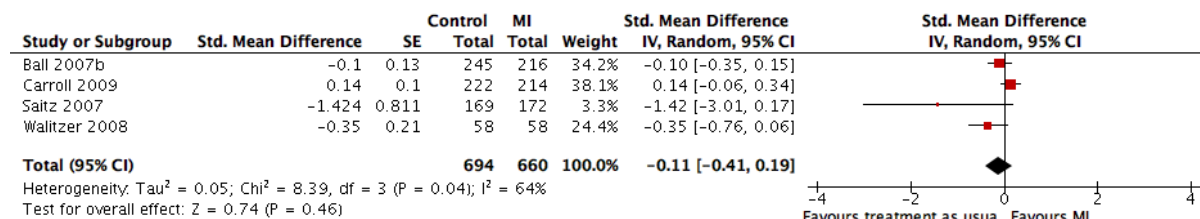
| | |
|----------------------|---|
| Revisión Sistemática | 8 [1-8] |
| Estudios primarios | 124 ensayos aleatorizados [9-132] y 7 observacional [133-139] |

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, observando que ninguno de los estudios responde exactamente la pregunta realizada, por lo que se decidió utilizar otra revisión sistemática, que responde a la misma pregunta, pero en adultos [140].

Metanálisis

Adherencia al tratamiento



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.

Uso de sustancias

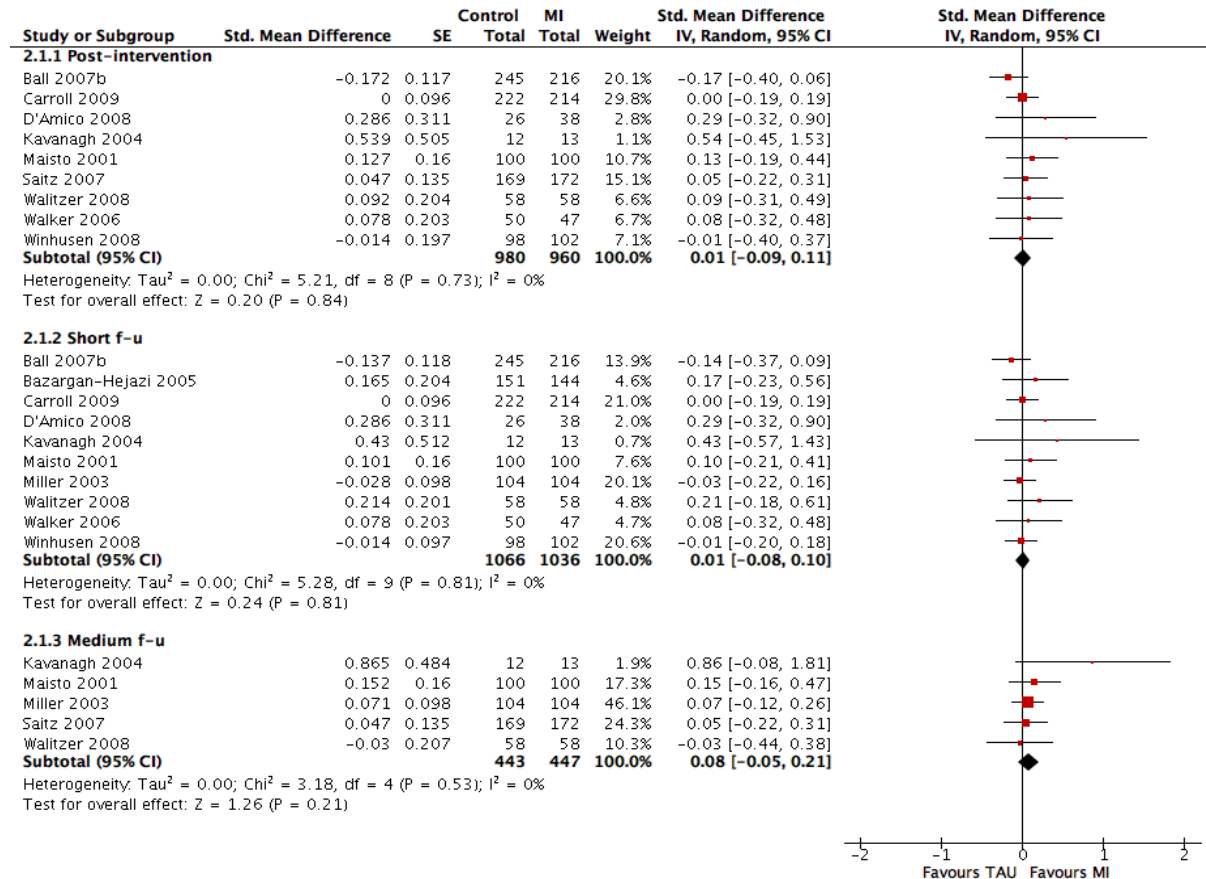




Tabla de Resumen de Resultados (Summary of Findings)

| INTERVENCIÓN MOTIVACIONAL EN PERSONAS MENORES DE 20 AÑOS CON TRASTORNOS POR USO DE ALCOHOL Y DROGAS | | | | |
|---|--|---------------------------------------|---|---|
| Pacientes | En personas menores de 20 años con trastornos por uso de alcohol y otras drogas. | | | |
| Intervención | Realizar intervención motivacional. | | | |
| Comparación | No realizar intervención motivacional. | | | |
| Desenlaces | Efecto relativo (IC 95%) -- Estudios/ pacientes | Efecto | Certeza de la evidencia (GRADE) | Mensajes clave en términos sencillos |
| Adherencia al tratamiento** | -- 4 ensayos en una revisión sistemática/ 1354 pacientes [140] | DME*: 0,11 menos (0,41 a 0,19 más) |  Muy baja | Realizar intervención motivacional podría tener poca diferencia en la adherencia al tratamiento en comparación a no realizar. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja. |
| Libre de uso de sustancias*** (Seguimiento de 6 a 12 meses) | -- 5 ensayos en una revisión sistemática/ 890 pacientes [140] | DME*: 0,08 más (0,05 a 0,21 más) |  Baja | Realizar intervención motivacional podría tener poca diferencia en el uso de sustancias a mediano plazo en comparación a no realizar, pero la certeza de la evidencia es baja. |

DME: Diferencia de medias estandarizada.

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

* La diferencia de medias estandarizada se utiliza cuando el desenlace ha sido medido en diferentes escalas y es difícil de interpretar clínicamente. Una regla general es que valores menores a 0,2 son de poca relevancia clínica, valores de 0,5 de relevancia moderada y 0,8 relevancia clínica importante.

** La adherencia o retención del tratamiento fue medido en días de asistencia a las sesiones en relación al número total de sesiones de tratamiento.

*** La proporción de abuso de sustancias fue medido en días de abstinencia de alcohol y drogas en relación al tiempo total de seguimiento.

¹ Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo ya que varios ensayos no fueron ciegos y no está claro o no es adecuada la generación de secuencia de aleatorización y ocultamiento de ésta.

² Se disminuyó un nivel de certeza de evidencia por ser indirecta, ya que la estimación proviene de pacientes adultos.

³ Se disminuyó un nivel de certeza por inconsistencia, ya que existen diferencias entre los resultados de los distintos estudios incluidos y presenta un i^2 alto.

Fecha de elaboración de la tabla: Diciembre, 2018.

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