RECOMENDACIÓN TRATAMIENTO

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Trastorno Ansioso - 2018

A. PREGUNTA CLÍNICA

En personas adultas con trastorno estrés postraumático (TEP) ¿Se debe realizar terapia combinada (psicoterapia + ISRS) en comparación a usar ISRS?

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

Población: Personas adultas con Trastorno estrés postraumático (TEP).

Intervención: Terapia combinada (psicoterapia + ISRS).

Comparación: Inhibidores selectivos de recaptura de serotonina (ISRS).

Desenlace (outcome): Severidad de sintomatología de trastorno de estrés postraumático, abandono (por cualquier razón).

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de "Generalized anxiety disorder". 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 37 revisiones sistemáticas que incluyen más de 400 estudios primarios. Debido a la variabilidad en las alternativas de psicoterapia (cognitivo conductual, EMDR, entre otras), modalidad (individual o grupal) y momento (preventiva, precoz, tardía) no fue posible realizar una matriz de evidencia, debido a la escasa intersección entre las revisiones identificadas. Considerando la completitud, la calidad y el apego a definiciones más habituales de psicoterapia, se seleccionó una revisión sistemática Cochrane [4], que a nuestro juicio constituye la evidencia más informativa para la pregunta solicitada.

Tabla 1: Resumen de la evidencia seleccionada

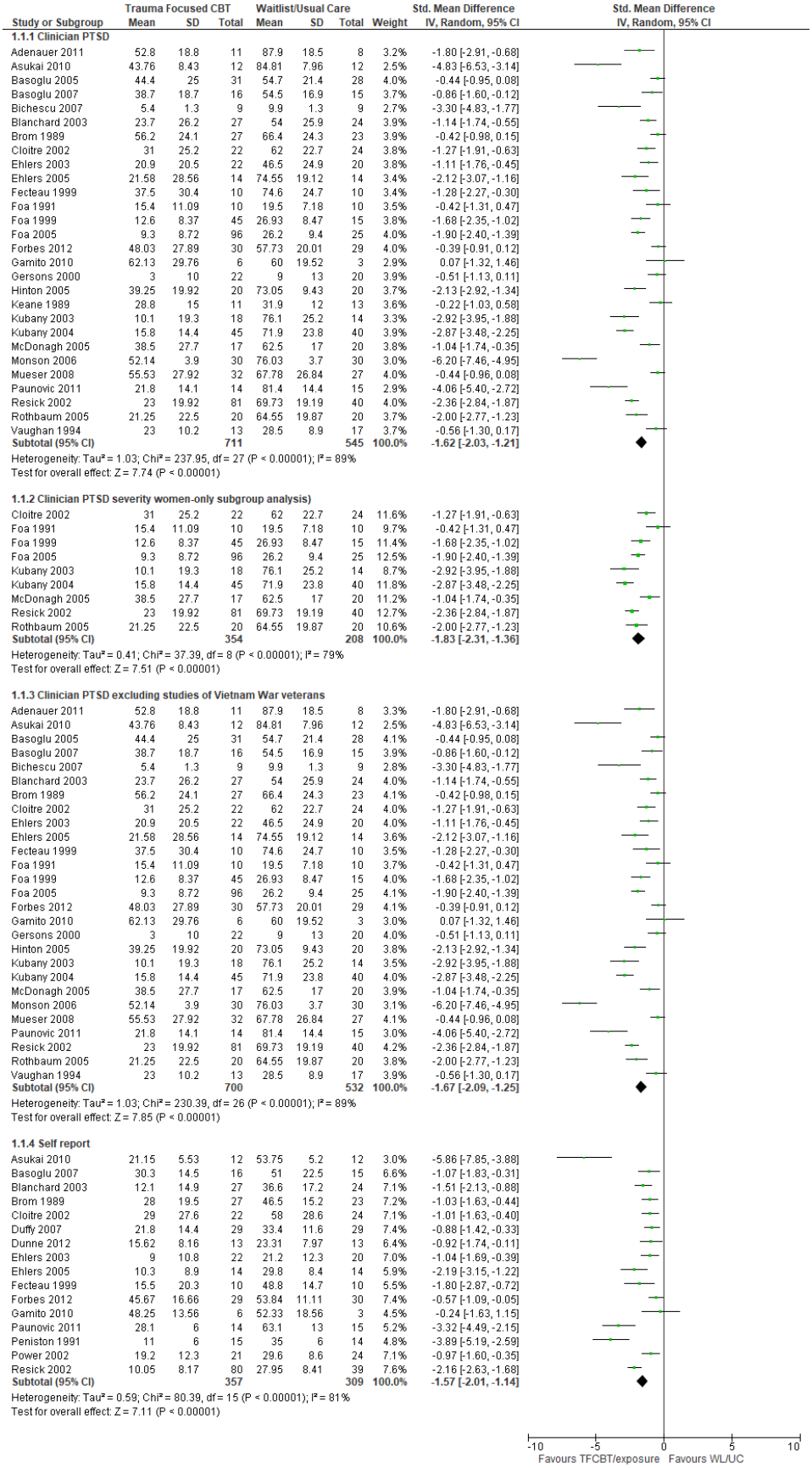
Revisión Sistemática	37 [1-37]
Estudios primarios	Sobre 400 estudios primarios* (70 incluidos [38-107] en la revisión Cochrane sintetizada [4])

Estimador del efecto

Ninguna revisión sistemática comparó agregar farmacoterapia a psicoterapia comparado con farmacoterapia solo. Por lo tanto, se decidió reutilizar los metanálisis de la revisión sistemática seleccionada por las razones descritas más arriba, la cual entrega toda la información necesaria para construir la tabla de resumen de resultados.

Metanálisis

Severidad de sintomatología de trastorno de estrés postraumático



Abandono del estudio (por cualquier razón)

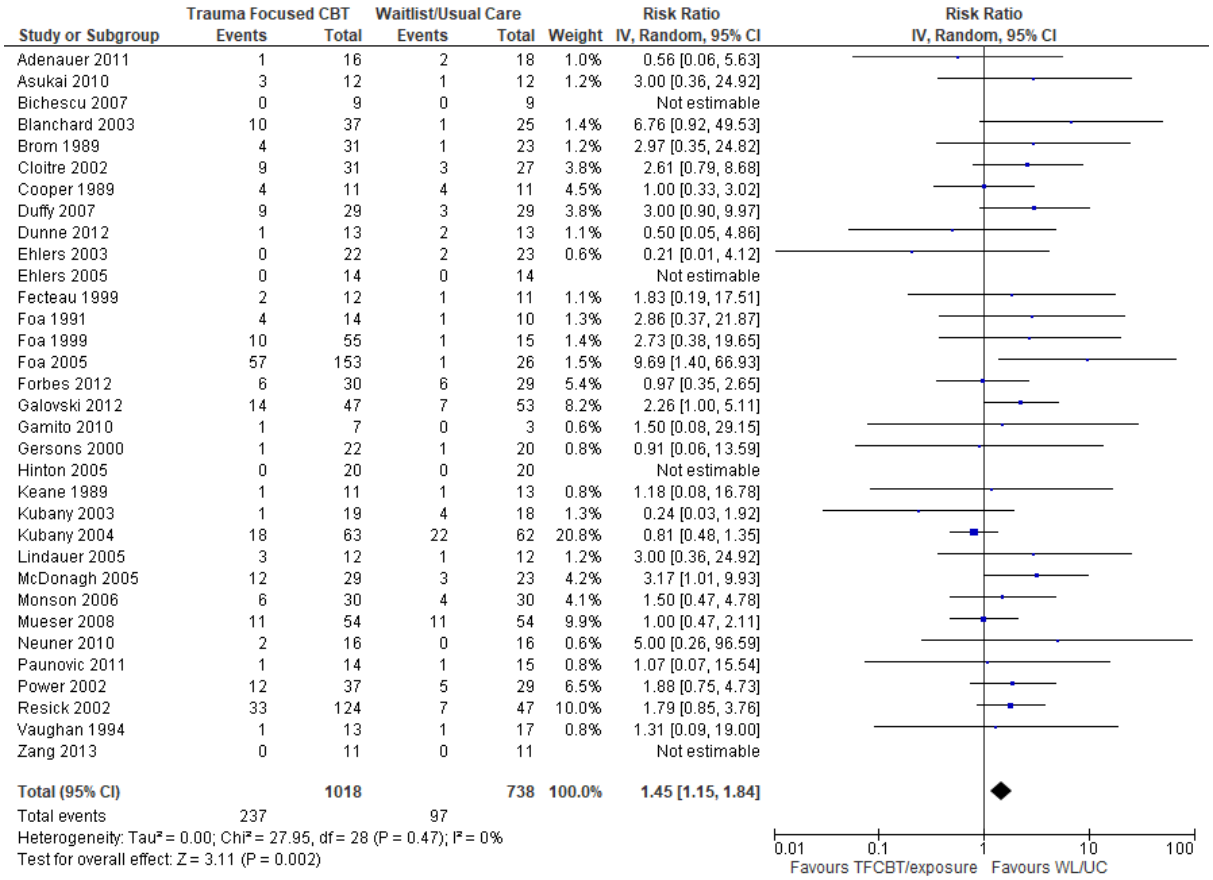


Tabla de Resumen de Resultados (Summary of Findings)

TERAPIA COMBINADA COMPARADO CON ISRS PARA ESTRÉS POSTRAUMÁTICO.						
Población	Personas adultas con trastorno estrés postraumático (TEP).					
Intervención	Terapia combinada (psicoterapia + ISRS).					
Comparación	Inhibidores selectivos de recaptura de serotonina (ISRS).					
Desenlaces	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		ISRS	**Terapia combinada**	**Diferencia (IC 95%)**		
Severidad de sintomatología de trastorno de estrés postraumático	-- 28 ensayos en una revisión sistemática [4] / 1256 pacientes	DME**: 1,62 menos (1,21 a 2,03 menos)			⨁⨁◯◯[1,2,3] Baja	La terapia combinada, en comparación con sólo ISRS, podría disminuir la severidad de la sintomatología de trastorno de estrés postraumático, pero la certeza de la evidencia es baja.
Abandono (por cualquier razón)	RR 1,45 (1,15 a 1,84) -- 33 ensayos en una revisión sistemática [4] / 1756 pacientes	131 por 1000	191 por 1000	Diferencia: 60 más (20 a 110 más)	⨁⨁◯◯[1,2] Baja	La terapia combinada, en comparación con ISRS, podría aumentar el riesgo de abandono, pero la certeza de la evidencia es baja.

IC 95%: Intervalo de confianza del 95%.
RR: Riesgo relativo.
DME: Diferencia de medias estandarizada.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo CON ISRS** está basado en el riesgo del grupo control en los estudios. El **riesgo CON Terapia combinada** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
** 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.
[1] Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo, ya que la mayoría de los ensayos no está clara la generación de secuencia de aleatorización ni ocultamiento de ésta. Además, ninguno de los ensayos fue ciego.
[2] Se disminuyó un nivel de certeza de evidencia ya que no todos los ensayos utilizaron medicamentos basalmente (algunos psicoterapia versus no tratamiento) o algunos ensayos no discriminan, ni presentan los datos por separado, para este factor.
Fecha de elaboración de la tabla: Diciembre, 2018.

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