Diciembre, 2018

RECOMENDACIÓN T.12

INFORME DE BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica de Clínica de Tratamiento Médico en Personas de 55 años y más con Artrosis de Cadera y/o Rodilla, Leve o Moderada - 2018

A. PREGUNTA CLÍNICA

En personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla moderada ¿Se debe usar inyecciones con ácido hialurónico en comparación a no usar?

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

Población: Personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla moderada.
Intervención: Inyecciones con ácido hialurónico.
Comparación: No usar.
Desenlace (outcome): Dolor, funcionalidad, efectos adversos serios, reacción sitio de punción.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de "Osteoarthritis". 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.

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 33 revisiones sistemáticas que incluyen 158 estudios primarios, de los cuales 148 corresponden a ensayos aleatorizados. Para más detalle ver "*Matriz de evidencia*"[1], en el siguiente enlace: Ácido hialurónico intraarticular para artrosis de rodilla.

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	33 [1-33]
Estudios primarios	148 ensayos aleatorizados [34,35, 37-165,167-181], 10 observacionales [182-191]

Estimador del efecto

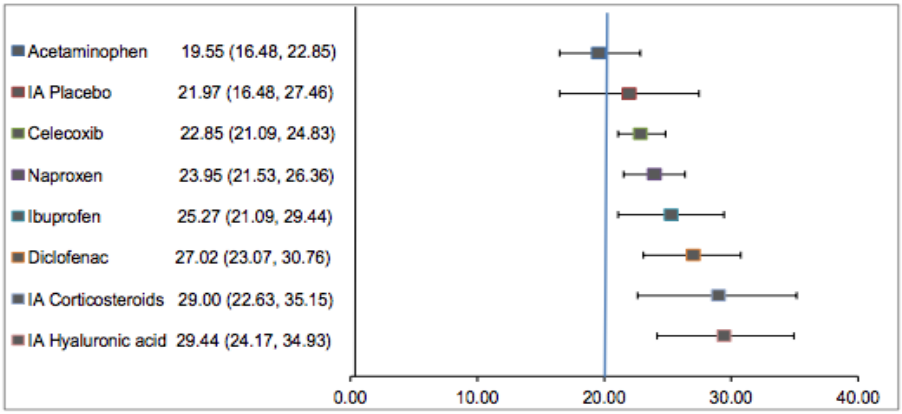
Se realizó un análisis de la matriz de evidencia, identificándose que una revisión sistemática [6] incluye todos los ensayos aleatorizados relevantes excepto 5 ensayos que comparaban el uso de inyecciones de ácido hialurónico contra sustancias diferentes al placebo [81, 95, 96, 99, 101] y 5 ensayos que no fue posible extraer los datos suficientes para ser incorporados [87, 88, 98, 136, 175], por lo que se decidió reutilizar sus metanálisis para construir la tabla resumen de resultados.

En el caso del desenlace funcionalidad, los autores realizaron un metanálisis en red (network metanálisis) comparando los distintos tratamientos para la artrosis de rodilla. En relación al desenlace eventos adversos serios se decidió presentar de manera narrativa debido a la baja tasa de eventos en ambos grupos. Por último, para el desenlace de reacciones en sitio de punción, solo una revisión sistemática [7] presentó este análisis.

[1] **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.

Metanálisis

Efectos absolutos de los distintos tratamientos para el dolor (WOMAC: 0-100)



Diferencias de medias estandarizadas para la función a los 3 meses

	IA Placebo	Acetaminophen	IA CS	Celecoxib	Ibuprofen	Naproxen	Diclofenac	IA HA
Oral Placebo	0.15 (-0.22, 0..53)	**0.15 (0.02, 0.29)**	0.21 (-0.20, 0.63)	**0.33 (0.27, 0.40)**	**0.35 (0.20, 0.50)**	**0.39 (0.29, 0.48)**	**0.43 (0.26, 0.61)**	**0.45 (0.08, 0.84)**
IA Placebo		0.0 (-0.39, 0.40)	0.06 (-0.13, 0.26)	0.18 (-0.20, 0.55)	0.20 (-0.21, 0.60)	0.24 (-0.15, 0.62)	0.28 (-0.06, 0.61)	**0.30 (0.20, 0.40)**
Acetaminophen			0.06 (-0.37, 0.50)	**0.18 (0.04, 0.32)**	**0.20 (0.03, 0.37)**	**0.24 (0.07, 0.40)**	**0.28 (0.07, 0.49)**	0.30 (-0.09, 0.70)
IA CS				0.12 (-0.30, 0.53)	0.14 (-0.31, 0.57)	0.18 (-0.25, 0.60)	0.22 (-0.16, 0.59)	**0.24 (0.06, 0.43)**
Celecoxib					0.02 (-0.14, 0.18)	0.06 (-0.05, 0.16)	0.10 (-0.08, 0.28)	0.12 (-0.25, 0.51)
Ibuprofen						0.04 (-0.14, 0.21)	0.08 (-0.14, 0.31)	0.10 (-0.29, 0.51)
Naproxen							0.05 (-0.15, 0.24)	0.06 (-0.32, 0.46)
Diclofenac								0.02 (-0.31, 0.36)

Effect sizes favor the above (column-heading) intervention in each comparison. Statistically significant effect sizes are **bolded**.
IA=intra-articular; CS=Corticosteroid; HA=Hyaluronic acid

Tabla de Resumen de Resultados (Summary of Findings)

INYECCIÓN CON ÁCIDO HIALURÓNICO EN PERSONAS MAYORES DE 55 AÑOS CON DIAGNÓSTICO CLÍNICO DE ARTROSIS DE CADERA Y/O RODILLA MODERADA						
Pacientes	En personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla moderada					
Intervención	Inyecciones con ácido hialurónico.					
Comparación	No usar.					
Desenlaces	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		SIN Inyecciones con ácido hialurónico	**CON Inyecciones con ácido hialurónico**	**Diferencia (IC 95%)**		
Dolor (Evaluado con Índice WOMAC)**	50 ensayos en una revisión sistemática [6] /7.273 pacientes	40 puntos	10 puntos	DM: 29,44 menos (24,17 a 34,93 menos)	⨁◯◯◯[1,2,3] Muy baja	Aplicar inyecciones de ácido hialurónico, podría disminuir el dolor. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Funcionalidad (Evaluado con Índice WOMAC)**	50 ensayos en una revisión sistemática [6]/ 7.273 pacientes	DME***: 0,30 más (0,20 a 0,40 más)			⨁◯◯◯[1,2,3,4] Muy baja	Aplicar inyecciones de ácido hialurónico, podría tener poco impacto en funcionalidad. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Eventos adversos	36 ensayos en una revisión sistemática [6]	No reportaron eventos adversos serios en ninguno de los dos grupos.			⨁◯◯◯[1,3,4] Muy baja	Aplicar inyecciones de ácido hialurónico podría tener pocos efectos adversos. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.

IC 95%: Intervalo de confianza del 95% // RR: Riesgo relativo //DME: Diferencia de media estándar.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo SIN inyección de ácido hialurónico** está basado en el riesgo del grupo control en los estudios. El **riesgo CON inyección de ácido hialurónico** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
**El índice WOMAC (Western Ontario McMaster Osteo-Arthritis Index) fue desarrollado para evaluar y cuantificar el dolor, la rigidez de las articulaciones y la discapacidad relacionada con la osteoartritis de la rodilla y la cadera. El índice está disponible en formatos de escala Likert de 5 puntos (LK), analógico visual de 100 mm (VA) y clasificación numérica de 11 puntos (NR). A las respuestas a las preguntas individuales se les asigna un puntaje entre 0 (extremo) y 4 (ninguno). Las puntuaciones de las preguntas individuales se suman para formar un puntaje bruto que va desde 0 (peor) a 96 (mejor). Finalmente, los puntajes brutos se normalizan al multiplicar cada puntaje por 100/96. Esto produce un puntaje WOMAC reportado entre 0 (peor) y 100 (mejor).
***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 la certeza de la evidencia por riesgo de sesgo, ya que no estaba clara la generación de secuencia de aleatorización ni ocultamiento de ésta en la mayoría de los estudios incluídos.
[2] Se disminuyó la certeza de la evidencia en un nivel por inconsistencia, ya que diferentes ensayos presentan diferentes conclusiones.
[3] Se disminuyó la certeza de la evidencia en un nivel por sospecha de sesgo de publicación evidenciado en el funnel plot, de acuerdo a lo expuesto en la revisión Cochrane [7]. Sin embargo, en el desenlace reacción en sitio de punción se decidió no disminuir por este motivo ya que si bien puede cambiar el estimador, reforzaría la decisión.
[4] Se disminuyó la certeza de la evidencia en un nivel por imprecisión, ya que cada extremo del intervalo de confianza conlleva una decisión diferente. En el desenlace efectos adversos severos se decidió disminuir por pocos eventos en ambos grupos.
Fecha de elaboración de la tabla: Diciembre, 2018

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