Octubre, 2018

RECOMENDACIÓN T.14

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, leve o moderada ¿Se debe usar condroitín sulfato 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, leve o moderada.

Intervención: Condroitin sulfato.

Comparación: No usar condroitin.

Desenlace (outcome): Dolor, funcionalidad, efectos adversos.

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 19 revisiones sistemáticas que incluyen 55 estudios primarios, de los cuales todos corresponden a ensayos aleatorizados. Para más detalle ver "*Matriz de evidencia*"[1], en el siguiente enlace: Condroitín sulfato para la artrosis.

Tabla 1: Resumen de la evidencia seleccionada

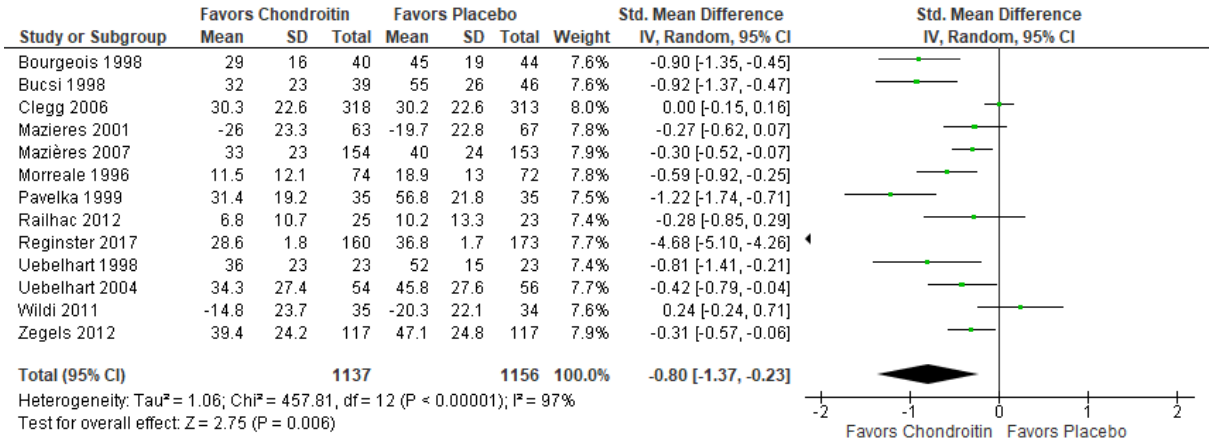
Revisión Sistemática	19 [1-19]
Estudios primarios	55 ensayos [20-74]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificando una revisión [16] que contiene la mayoría de los ensayos excepto un ensayo que evalúa glucosaminoglicanos combinados con aspirina [41], un ensayo que evalúa glucosamina y colágeno [45], un ensayo que evalúa galactoaminoglicuronoglicano sulfato [66] y 5 ensayos que evaluaban la combinación condroitin + glucosamina [25, 35, 38, 39, 44]. De esta manera, se decidió rehacer el metanálisis, a partir de esa revisión sistemática [16] agregando los estudios faltantes [49, 63]. Además, 5 ensayos no presentaron datos reutilizables para los desenlaces de interés [34, 42, 48, 67, 71]

Metanálisis

Dolor

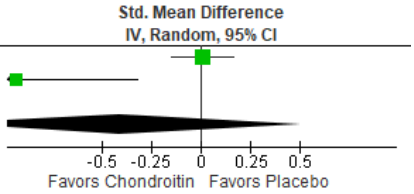


[1] **Matriz de Evidencia**, tabla dinámica que grafica el conjunto de evidencia existente para una pregunta (en este caso, la pregunta del presente informe). Las filas representan las revisiones sistemáticas y las columnas los estudios primarios que estas revisiones han identificado. Los recuadros en verde corresponden a los estudios incluidos en cada revisión. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.

Funcionalidad

Study or Subgroup	Favors Chondroitin Mean	SD	Total	Favors Placebo Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
Clegg 2006	32	23.2	318	31.8	22	313	55.2%	0.01 [-0.15, 0.16]
Uebelhart 1998	14	14	23	32	23	23	44.8%	-0.93 [-1.54, -0.32]
Total (95% CI)			**341**			**336**	**100.0%**	**-0.41 [-1.33, 0.50]**

Heterogeneity: Tau² = 0.39; Chi² = 8.50, df = 1 (P = 0.004); I² = 88%
Test for overall effect: Z = 0.88 (P = 0.38)



Efectos adversos

Study or Subgroup	Favors Chondroitin Events	Total	Favors Placebo Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Bourgeois 1998	6	40	12	44	1.3%	0.55 [0.23, 1.33]
Gabay 2011	67	80	71	82	58.0%	0.97 [0.85, 1.10]
Kahan 2009	17	313	26	309	2.9%	0.65 [0.36, 1.17]
Mazieres 2001	28	63	21	67	5.0%	1.42 [0.90, 2.22]
Mazières 2007	75	154	76	155	19.1%	0.99 [0.79, 1.25]
Moller 2010	31	64	31	65	7.8%	1.02 [0.71, 1.45]
Morreale 1996	3	74	3	72	0.4%	0.97 [0.20, 4.66]
Pavelka 1999	0	35	3	35	0.1%	0.14 [0.01, 2.67]
Zegels 2012	31	117	31	119	5.5%	1.02 [0.66, 1.56]
Total (95% CI)		**940**		**948**	**100.0%**	**0.98 [0.88, 1.08]**
Total events	258		274			

Heterogeneity: Tau² = 0.00; Chi² = 8.05, df = 8 (P = 0.43); I² = 1%
Test for overall effect: Z = 0.47 (P = 0.64)

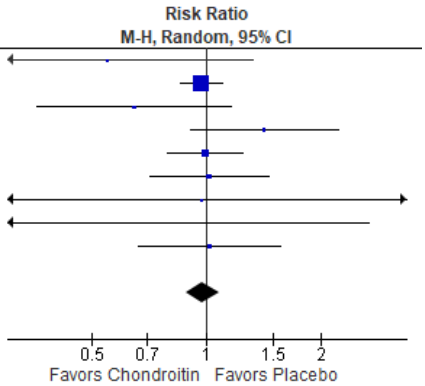


Tabla de Resumen de Resultados (Summary of Findings)

CONDROITIN PARA ARTROSIS						
Pacientes	Personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla leve o moderada.					
Intervención	Condroitin sulfato.					
Comparación	No usar condroitin.					
Desenlaces	**Efecto relativo (IC 95%) -- Pacientes / estudios**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		SIN condroitin	**CON condroitin**	**Diferencia (IC 95%)**		
Dolor	-- 2293 pacientes / 13 ensayos [26, 27, 37, 49, 50, 53, 59, 61, 63, 69, 71, 73, 74]	DME: 0,80 menos** (0,23 a 1,37 menos)			⨁◯◯◯[1,2,3] Muy baja	Condroitín podría disminuir el dolor. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Funcionalidad	-- 677 pacientes / 2 ensayos [37, 70]	DME: 0,41 menos** (1,33 menos a 0,50 más)			⨁◯◯◯[1,2,3] Muy baja	Condroitín podría tener poco impacto en funcionalidad. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Efectos adversos***	RR 0,98 (0,88 a 1,08) -- 1888 pacientes / 9 ensayos [26, 36, 49, 50, 53, 54, 59, 68, 74]	289 por 1000	283 por 1000	Diferencia: 6 menos (35 menos a 23 más)	⨁⨁◯◯[1,3] Baja	Condroitín podría tener pocos efectos adversos, 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 **SIN condroitín** está basado en el riesgo del grupo control en los estudios. El riesgo **CON condroitín** (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.
***Efectos adversos leves de origen variado, principalmente gastrointestinales.
[1] Se disminuyó un nivel de certeza de evidencia por riesgo de sesgo ya que en varios ensayos no estaba claro o era inadecuada la generación de secuencia de aleatorización y ocultamiento de ésta. Además, varios ensayos no fueron ciegos.
[2] Se disminuyó un nivel de certeza de evidencia por inconsistencia (I2>70%).
[3] 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.

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