RECOMENDACIÓN T.2

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

Guía de Práctica 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 realizar intervención estructurada de educación en comparación a realizar intervención educación no estructurada?

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: Realizar intervención estructurada de educación.
Comparación: Realizar intervención educación no estructurada.
Desenlace (outcome): Dolor, funcionalidad, calidad de vida.

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 79 revisiones sistemáticas que incluyen más de 2000 estudios primarios. Debido a la variabilidad en los componentes, contenido, modalidad, estructura, implementación, contexto, entre

otras variables, 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 intervención educativa, se seleccionó una revisión sistemática Cochrane, que a nuestro juicio constituye la evidencia más informativa para la pregunta solicitada.

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	79 [1-79]
Estudios primarios	Sobre 2000 estudios primarios* (29 incluidos en la revisión Cochrane sintetizada [80-108])

*Se decidió no referenciar todos los estudios, sino exclusivamente los incluidos por la revisión seleccionada. Para mayor detalle, revisar plataforma LOVE.

Estimador del efecto

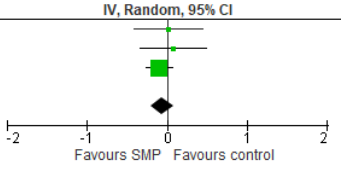
Se seleccionó una revisión sistemática [33] por las razones descritas más arriba, la cual entrega toda la información necesaria para construir la tabla de resumen de resultados. Dentro de las comparaciones analizadas por la revisión, se decidió utilizar el análisis de programas de educación de automanejo comparado con sólo información.

Metanálisis

Dolor

	SMP			Control				Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Hughes 2004 (1)	5.39	3.72	58	5.31	4.42	32	11.2%	0.02 [-0.41, 0.45]	
Ackerman 2012 (2)	38.94736842	24.62476217	38	37.20454545	21.90172129	55	12.2%	0.07 [-0.34, 0.49]	
Buszewicz 2006 (3)	8.1	3.9	277	8.5	3.9	291	76.7%	-0.10 [-0.27, 0.06]	
Total (95% CI)			**373**			**378**	**100.0%**	**-0.07 [-0.21, 0.08]**	

Heterogeneity: Tau² = 0.00; Chi² = 0.79, df = 2 (P = 0.67); I² = 0%
Test for overall effect: Z = 0.91 (P = 0.36)

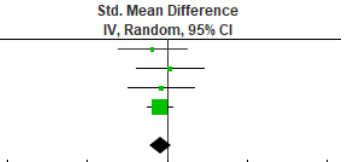


Footnotes
(1) WOMAC subscale pain (intermediate term)
(2) WOMAC subscale pain on a VAS (intermediate term)
(3) WOMAC subscale pain (intermediate term)

Funcionalidad

	SMP			Control				Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Hughes 2004 (1)	17.81	11.15	58	20.15	14.71	32	9.8%	-0.19 [-0.62, 0.25]	
Wetzels 2005 (2)	14.56	4.52	40	14.4	4.74	48	10.4%	0.03 [-0.39, 0.45]	
Ackerman 2012 (3)	38.11919505	23.76511057	38	39.84567901	21.52302956	54	10.6%	-0.08 [-0.49, 0.34]	
Buszewicz 2006 (4)	27.7	12.9	279	28.9	13.4	305	69.2%	-0.09 [-0.25, 0.07]	
Total (95% CI)			**415**			**439**	**100.0%**	**-0.09 [-0.22, 0.05]**	

Heterogeneity: Tau² = 0.00; Chi² = 0.52, df = 3 (P = 0.91); I² = 0%
Test for overall effect: Z = 1.24 (P = 0.21)

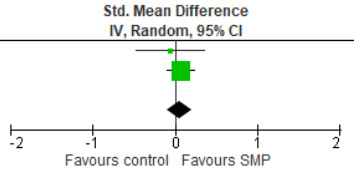


Footnotes
(1) WOMAC subscale function (12 months)
(2) Dutch AIMS-SF subscale function (6 months)
(3) WOMAC subscale function on a VAS (12 months)
(4) WOMAC subscale function (12 months)

Calidad de vida

Study or Subgroup	SMP Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
Ackerman 2012 (1)	0.59357466	0.26781328	38	0.60875772	0.22897696	56	14.2%	-0.06 [-0.47, 0.35]
Buszewicz 2006 (2)	0.578	0.25	242	0.559	0.27	312	85.8%	0.07 [-0.10, 0.24]
Total (95% CI)			**280**			**368**	**100.0%**	**0.05 [-0.10, 0.21]**

Heterogeneity: Tau² = 0.00; Chi² = 0.35, df = 1 (P = 0.56); I² = 0%
Test for overall effect: Z = 0.67 (P = 0.50)



Footnotes
(1) AQoL (intermediate term)
(2) EQ-5D utility score (intermediate term)

Tabla de Resumen de Resultados (Summary of Findings)

EDUCACIÓN ESTRUCTURADA COMPARADO CON EDUCACIÓN NO ESTRUCTURADA PARA ARTROSIS.				
Pacientes	Personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla leve o moderada.			
Intervención	Educación estructurada.			
Comparación	Educación no estructurada.			
Desenlaces	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto**	**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
Dolor	-- 751 pacientes / 3 ensayos [80, 90]	DME: 0,07 menos* (0,21 menos a 0,08 más)	⨁⨁⨁◯[1] Moderada	La educación estructurada, en comparación con la educación no estructurada, probablemente tiene un impacto mínimo o nulo sobre el dolor.
Funcionalidad	-- 854 pacientes / 4 ensayos [80, 90, 105, 107]	DME: 0,09 menos* (0,22 menos a 0,05 más)	⨁⨁⨁◯[1] Moderada	La educación estructurada, en comparación con la educación no estructurada, probablemente tiene un impacto mínimo o nulo sobre la funcionalidad.
Calidad de vida	-- 648 pacientes / 2 ensayos [80, 105]	DME: 0,05 más* (0,1 menos a 0,21 más)	⨁⨁⨁◯[1] Moderada	La educación estructurada, en comparación con la educación no estructurada, probablemente tiene un impacto mínimo o nulo sobre la calidad de vida

IC 95%: Intervalo de confianza del 95%.
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.
[1] Se disminuyó un nivel de certeza de la evidencia por riesgo de sesgo, ya que ninguno de los ensayos fue ciego.
Fecha de elaboración de la tabla: Octubre, 2018.

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