RECOMENDACIÓN T.8

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 inhibidores COX-2 en comparación a usar AINES (AntiInflamatorios No Esteroideos) no coxibs?

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: Inhibidores COX-2.
Comparación: AINES (AntiInflamatorios No Esteroideos) no COX-2.
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; 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.

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 12 revisiones sistemáticas que incluyen 186 estudios primarios, todos correspondientes a ensayos aleatorizados. Para más detalle ver "*Matriz de evidencia*"[1], en el siguiente enlace: [Inhibidores de la ciclooxigenasa 2 para artrosis]

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	12 [1-12]
Estudios primarios	186 ensayos reportados en 223 referencias [13-235]

Estimador del efecto

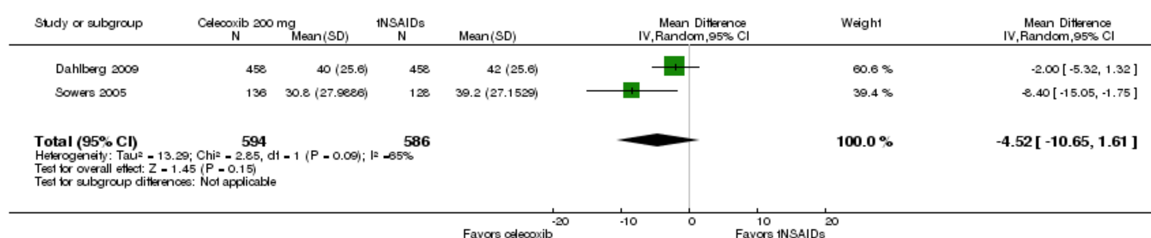
Considerando la variabilidad en los COX-2 empleados, y a la existencia de alternativas poco utilizadas o definitivamente extemporáneas (por ejemplo, rofecoxib) se optó por sintetizar opciones clínicamente más utilizadas, es decir, celecoxib versus un AINE tradicional (por ej. diclofenaco o naproxeno, como han utilizado la gran mayoría de los ensayos, particularmente los más contemporáneos).

Considerando la completitud, la calidad y el esfuerzo por minimizar el sesgo de publicación, se seleccionó una revisión sistemática Cochrane, que, desde el aspecto metodológico, constituye la evidencia más informativa para la pregunta solicitada [12].

Es importante destacar, que a pesar de los esfuerzos metodológicos desplegados por la revisión seleccionada, no fue posible obtener una estimación fiable del efecto de celecoxib debido a que, tal como lo expresa la revisión Cochrane "*Se tiene extrema reserva respecto de los resultados debido a la participación de la industria farmacéutica y a la escasez de datos* [por ejemplo, la estimación solo para celecoxib es que no fue posible obtener datos de 15 539 participantes].

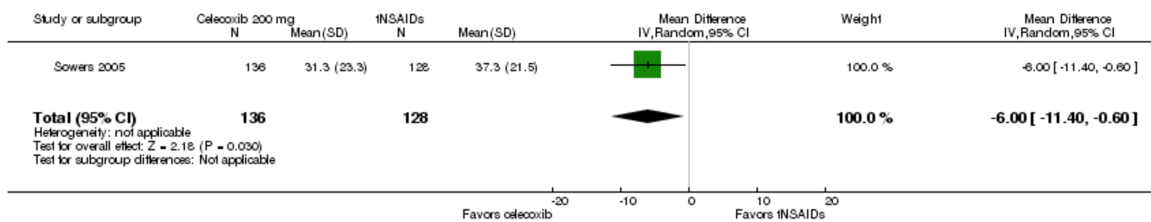
Metanálisis

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



Efectos adversos

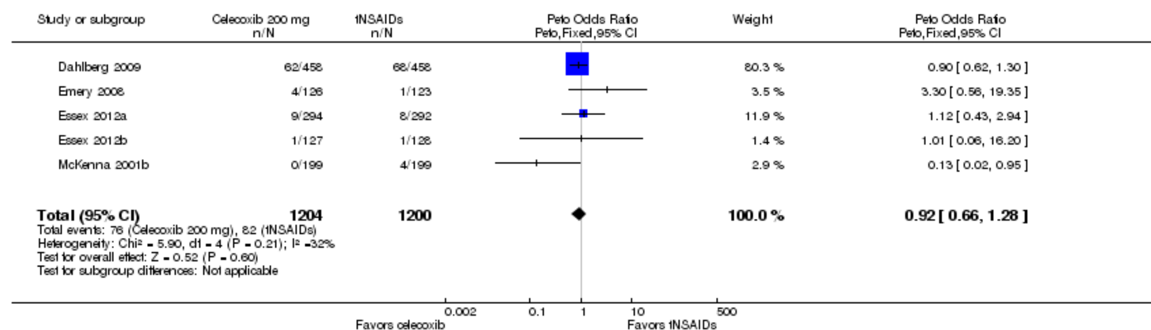


Tabla de Resumen de Resultados (Summary of Findings)

COX-2 COMPARADO CON AINE PARA ARTROSIS						
Pacientes	Personas mayores de 55 años con diagnóstico clínico de artrosis de cadera y/o rodilla, leve o moderada.					
Intervención	Inhibidores COX-2.					
Comparación	AINES (AntiInflamatorios No Esteroideos) no COX-2.					
Desenlaces	**Efecto relativo (IC 95%) -- Estudios/ pacientes**	**Efecto absoluto estimado***			**Certeza de la evidencia (GRADE)**	**Mensajes clave en términos sencillos**
		CON AINES no	**CON COX-2**	**Diferencia (IC 95%)**		
Dolor Evaluado con VAS (0-100)*	-- 2 ensayos/ 1180 pacientes [104,194]	41 puntos	36,5 puntos	DM: 4,5 puntos mejor (-10,65 a 1,61)	⊕⊕⊕◯[1] Moderada	El uso de COX-2, en comparación con AINES, probablemente tiene poca o nula diferencia dolor.
Funcionalidad Evaluado con WOMAC (0-100)***	-- 1 ensayo/ 264 pacientes [194]	37 puntos	31 puntos	DM: 6 puntos mejor (-0,6 a 11)	⊕⊕⊕◯[1] Moderada	El uso de COX-2, en comparación con AINES, probablemente tiene poca o nula diferencia funcionalidad.
Efectos adversos serios****	OR 0,92 (0,66 a 1,28) -- 2404 pacientes / 5 ensayos [39,104,158,163]	68 por 1000	63 por 1000	Diferencia: 5 menos (22 menos a 17 más)	⊕◯◯◯[2,3] Muy baja	El uso de COX-2, en comparación con AINES podría disminuir los 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.
DM: Diferencia de media.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo CON AINES** está basado en el riesgo del grupo control en los estudios. El **riesgo CON COX-2** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
**Escala VAS de 0 a 100 puntos, más puntaje es más dolor. La diferencia clínica mínimamente importante utilizada fue 9 puntos [12].
***La subescala de funcionalidad de WOMAC va de 0 a 100 puntos, más puntaje es peor funcionalidad.
**** requieren de intervención médica o amenazan la vida.
[1] Se disminuyó la certeza de la evidencia por de sesgo de publicación, tal como fue constatado en la revisión Cochrane [12]
[2] Se disminuyó la certeza de la evidencia en un nivel por ser indirecta, ya que los estudios miden el desenlace de manera muy variable.
[3] Se disminuyó la certeza de la evidencia en dos niveles por imprecisión, debido al amplio intervalo de confianza y al bajo número de eventos.
Fecha de elaboración de la tabla: Noviembre, 2018

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