

INFORME DE BÚSQUEDA Y SÍNTESIS DE COSTO-EFECTIVIDAD

Guía de Práctica Clínica

Patologías pulpares y periapicales en dentición permanente 2019

PREGUNTA: EN PERSONAS CON PULPITIS REVERSIBLE ¿SE DEBE “USAR BIOCERÁMICO COMO RESTAURADOR PROVISIONAL” EN COMPARACIÓN A “USAR HIDRÓXIDO DE CALCIO MÁS VIDRIO IONÓMERO”?

Uno de los factores a considerar para formular una recomendación en Guías de Práctica Clínica con la metodología “*Grading of Recommendations Assessment, Development and Evaluation*” es la relación entre la efectividad y los costos de las intervenciones a evaluar.

BÚSQUEDA DE EVALUACIONES ECONÓMICAS

Para determinar si la evidencia de costo-efectividad de las tecnologías sanitarias era necesaria se aplicaron los siguientes criterios en conjunto con el equipo de expertos:

- Mucha variabilidad en la práctica clínica.
- Incertidumbre relevante respecto a costo efectividad de intervenciones evaluadas.
- Cambio en práctica clínica acarrea altos beneficios en términos de salud.
- El cambio en la práctica clínica puede tener un impacto relevante en costos y el presupuesto del sistema de salud.

La búsqueda consideró estudios de costo-efectividad y revisiones sistemáticas de evaluaciones de costo-efectividad sobre el uso de biocerámico como restaurador provisional versus el uso de hidróxido de calcio más vidrio ionómero, en personas con pulpitis reversible. Se identificaron términos MESH y términos de texto libre asociados a la población. La búsqueda consideró estudios publicados en inglés y español, en las siguientes bases de datos: MEDLINE, EMBASE, COCHRANE, GOOGLE, BRISA y en el National Institute for health and Care Excellence (NICE).

Ver detalle en Anexo 1 “*Términos de Búsqueda y Resultados de la búsqueda*”.

SÍNTESIS DE EVIDENCIA SEGÚN PREGUNTA

Una vez ejecutada la búsqueda, se evaluaron los títulos y resúmenes de los estudios encontrados y se seleccionaron las evaluaciones económicas que utilizaran como método la costo-utilidad y costo-efectividad. En este caso, no se encontraron artículos que abordaran la pregunta de estudio en ninguna de las fuentes buscadas.

RESUMEN DE LA EVIDENCIA BUSCADA

No se encontraron artículos relacionados con la pregunta de interés en ninguna de las bases de datos previamente mencionadas.

ANEXO 1: ESTRATEGIA DE BÚSQUEDA Y RESULTADOS DE LA BÚSQUEDA

| | Términos libres | DECS | MeSH |
|----------|---|--|---|
| P | Reversible pulpitis y Pulpitis | Pulpitis reversible | Pulpitis |
| I | Bioceramic, Calcium silicate based, Portland Cement, Mineral trioxide aggregate, MTA, Biodentine, Endo CPM Sealer, MTA Fillapex, BioRoot RCS, TechBiosealer, iRoot BP, iRoot BP Plus, iRoot FS, EndoSequence BC Sealer, Total Fill, Bioaggregate, Tech Biosealer, y Ceramicrorete | Biocerámico, Silicato de calcio, Cemento de Portland, Mineral trioxide aggregate, MTA, Biodentina, Endo CPM Sealer, MTA Fillapex, BioRoot RCS, TechBiosealer, iRoot BP, iRoot BP Plus, iRoot FS, EndoSequence BC Sealer, Total Fill, Bioaggregate, Tech Biosealer, y Ceramicrorete | No utilizado |
| C | Calcium hydroxide, ionomer, glass-ionomer, glass ionomer, glass ionomer cement | Hidróxido de calcio, ionómero, vidrio ionómero, cemento vidrio ionómero | No utilizado |
| O | Cost benefit analysis, cost effectiveness, cost utility analysis, economic evaluation, marginal analysis, pricing, biomedical technology assessment, health technology assessment, economics, willingness to pay, health care cost, ICER, QALY, DALY, quality adjusted life years, disability adjusted life years, incremental cost effectiveness ratio | Análisis costo beneficio, análisis costo efectividad, análisis costo utilidad, evaluación económica, análisis de precio, tecnologías biomédicas, evaluación de tecnologías, disponibilidad de pago, costos en salud, costos sanitarios, ICER, QALY, DALY, quality adjusted life years, disability adjusted life years, incremental cost effectiveness ratio, AVAC, año de vida ajustado por calidad, razón costo efectividad, año de vida ajustado por | Cost-benefit analysis, costs and cost analysis, technology assessment, biomedical |

| Base de datos | Fecha de búsqueda | Resultados | Resultados después de remover duplicados |
|-----------------|-------------------|------------|--|
| Medline-Pubmed | 19.08.2019 | 0 | 0 |
| EMBASE | 19.08.2019 | 0 | 0 |
| NICE | 19.08.2019 | 0 | 0 |
| BRISA (RedETSA) | 19.08.2019 | 0 | 0 |
| COCHRANE | 19.08.2019 | 0 | 0 |
| GOOGLE | 19.08.2019 | 1 | 0 |
| Total | 19.08.2019 | 1 | 0 |

Estrategias de Búsqueda

PUBMED

| | | |
|---|---|----------|
| 1 | Reversible pulpitis[Text Word] or Pulpitis[Text Word] or pulpitis[MeSH Terms] | 3290 |
| 2 | Bioceramic[Text Word] or Calcium silicate based[Text Word] or Portland Cement[Text Word] or Mineral trioxide aggregate[Text Word] or MTA[Text Word] or Biodentine[Text Word] or Endo CPM Sealer[Text Word] or MTA Fillapex[Text Word] or BioRoot RCS[Text Word] or TechBiosealer[Text Word] or iRoot BP[Text Word] or iRoot BP Plus[Text Word] or iRoot FS[Text Word] or EndoSequence BC Sealer[Text Word] or Total Fill[Text Word] or Bioaggregate[Text Word] or Tech Biosealer[Text Word] or Ceramicrete[Text Word] | 6530 |
| 3 | Calcium hydroxide[Text Word] and (Ionomer[Text Word] or Glass-ionomer[Text Word] or Glass ionomer[Text Word] or Glass ionomer cement[Text Word]) | 359 |
| 4 | (((((cost-benefit analysis[MeSH Terms]) or (costs and cost analysis[MeSH Terms])) or technology assessment, biomedical[MeSH Terms]) or Analyses, Cost-Benefit[Text Word]) or Analysis, Cost-Benefit[Text Word]) or Cost-Benefit Analyses[Text Word]) or Cost Benefit Analysis[Text Word]) or Analyses, Cost Benefit[Text Word]) or Analysis, Cost Benefit[Text Word]) or Cost Benefit Analyses[Text Word]) or Cost Effectiveness[Text Word]) or Effectiveness, Cost[Text Word]) or Cost-Benefit Data[Text Word]) or Cost Benefit Data[Text Word]) or Data, Cost-Benefit[Text Word]) or Cost-Utility Analysis[Text Word]) or Analyses, Cost-Utility[Text Word]) or Analysis, Cost-Utility[Text Word]) or Cost Utility Analysis[Text Word]) or Cost-Utility Analyses[Text Word]) or Economic Evaluation[Text Word]) or Economic Evaluations[Text Word]) or Evaluation, Economic[Text Word]) or Evaluations, Economic[Text Word]) or Marginal Analysis[Text Word]) or Analyses, Marginal[Text Word]) or Analysis, Marginal[Text Word]) or Marginal Analyses[Text Word]) or Cost Benefit[Text Word]) or (Costs[Text Word] and Benefits[Text Word])) or (Benefits[Text Word] and Costs[Text Word])) or Cost-Effectiveness Analysis[Text Word]) or Analysis, Cost-Effectiveness[Text Word]) or Cost Effectiveness Analysis[Text Word]) or (Costs[Text Word] and Cost Analysis[Text Word])) or Affordability[Text Word]) or Affordabilities[Text Word]) or Cost-Minimization Analysis[Text Word]) or Analyses, Cost-Minimization[Text Word]) or Analysis, Cost-Minimization[Text Word]) or Cost Minimization Analysis[Text Word]) or Cost-Minimization Analyses[Text Word]) or Pricing[Text Word]) or Cost[Text Word]) or Costs[Text Word]) or Biomedical Technology Assessment[Text Word]) or Technology Assessment, Health[Text Word]) or Assessment, Health Technology[Text Word]) or Assessments, Health Technology[Text Word]) or Health Technology Assessment[Text Word]) or Health Technology Assessments[Text Word]) or Technology Assessments, Health[Text Word]) or Assessment, Biomedical Technology[Text Word]) or Assessments, Biomedical Technology[Text Word]) or Biomedical Technology Assessments[Text Word]) or Technology Assessments, Biomedical[Text Word]) or Technology Assessment[Text Word]) or Assessment, Technology[Text Word]) or Assessments, Technology[Text Word]) or Technology Assessments[Text Word]) or Economics[Text Word]) or willingness to pay[Text Word]) or willingness-to-pay[Text Word]) or health care cost[Text Word]) or ICER[Text Word]) or QALY[Text Word]) or DALY[Text Word]) or Quality-Adjusted-Life-Years[Text Word]) or Quality Adjusted Life Years[Text Word]) or Disability-Adjusted-Life-Years[Text Word]) or Disability Adjusted Life-Years[Text Word]) or Incremental Cost Effectiveness Ratio[Text Word] | 907120 |
| 5 | (pubmed books[filter] or Case Reports[ptyp] or Clinical Study[ptyp] or systematic[sb] or Government Document[ptyp] or Clinical Trial, Phase III[ptyp] or Clinical Trial, Phase II[ptyp] or Clinical Trial, Phase I[ptyp] or Clinical Trial Protocol[ptyp] or Clinical Trial[ptyp] or Clinical Trial, Phase IV[ptyp] or Comparative Study[ptyp] or Controlled Clinical Trial[ptyp] or English Abstract[ptyp] or Evaluation Studies[ptyp] or Guideline[ptyp] or Journal Article[ptyp] or Lecture[ptyp] or Meta-Analysis[ptyp] or Multicenter Study[ptyp] or Observational Study[ptyp] or Overall[ptyp] or Practice Guideline[ptyp] or Review[ptyp] or Randomized Controlled Trial[ptyp] or Pragmatic Clinical Trial[ptyp]) | 28461267 |
| 6 | ("1999/01/01"[PDAT] : "2019/08/19"[PDAT]) | 17017913 |
| 7 | (English[lang] or German[lang] or Portuguese[lang] or Spanish[lang]) | 26583508 |
| 8 | #1 and #2 and #3 and #4 and #5 and #6 and #7 | 0 |

EMBASE

| | | |
|----------|--|----------------|
| 1 | (Economic evaluation or biomedical technology assessment or health economics or quality adjusted life year or disability-adjusted life year).sh. or (Economic evaluation* or disease management or health economics or cost minimization analysis or cost minimization or cost-minimization or cost benefit analysis or cost-benefit or cost benefit or cost control or cost effectiveness analysis or cost-effectiveness or cost effectiveness or cost minimization analysis or cost of illness or cost utility analysis or cost utility or cost-utility or biomedical technology assessment or health technology assessment or biomedical technology assessment or high-cost technology or health care quality or health economics or dental economics or economics, dental or economics, hospital or hospital economics or economics, medical or medical economics or medical, nursing or nursing economics or economic aspect or health care concept or health care concepts or device economics or pharmacoeconomics or cost* or benefit* or pricing* or affordabilit* or marginal analysis or quality adjusted life year or qaly or quality-adjusted-life-year or disease burden or quality of life or disability adjusted life year or DALY or DALYs or disability-adjusted life year or disability-adjusted-life-year or ICER or Willingness to pay or Willingness-to-pay or Incremental cost effectiveness ratio or Incremental-cost-effectiveness-ratio).tw. | 1936356 |
| 2 | (Reversible pulpitis or Pulpitis).tw. or pulpitis.sh | 2891 |
| 3 | (Bioceramic OR Calcium silicate based OR Portland Cement OR Mineral trioxide aggregate OR MTA OR Biodentine OR Endo CPM Sealer OR MTA Fillapex OR BioRoot RCS OR TechBiosealer OR iRoot BP OR iRoot BP Plus OR iRoot FS OR EndoSequence BC Sealer OR Total Fill OR Bioaggregate OR Tech Biosealer OR Ceramicrete).tw. | 6770 |
| 4 | (Calcium hydroxide).tw. and (Ionomer or Glass-ionomer or Glass ionomer or Glass ionomer cement).tw. | 159 |
| 5 | 1 and 2 and 3 and 4 | 0 |
| 6 | limit 5 to (english or german or portuguese or spanish) | 0 |
| 7 | limit 6 to (article or article in press or books or chapter or "review") | 0 |
| 8 | limit 7 to last 20 years | 0 |
| 9 | limit 8 to embase | 0 |

Estudio encontrado en Google, que fueron encontrados usando filtro inicial, pero que no abordaban finalmente la pregunta de investigación:

1- Schwendicke, F., Brouwer, F., & Stolpe, M. (2015). Calcium hydroxide versus mineral trioxide aggregate for direct pulp capping: a cost-effectiveness analysis. *Journal of endodontics*, 41(12), 1969-1974.