GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES PRIMER CUATRIMESTRE 2023

The Use of Opioids in the Management of Chronic Pain: Synopsis of the 2022 Updated U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline 36780654

USO DE OPIOIDES EN EL TRATAMIENTO DEL DOLOR CRÓNICO: SINOPSIS DE LA GUÍA DE PRÁCTICA CLÍNICA ACTUALIZADA DEL DEPARTAMENTO DE ASUNTOS DE VETERANOS DE EE UU Y DEL DEPARTAMENTO DE DEFENSA DE EE UU

Abstract

Description: In May 2022, leadership within the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) approved a joint clinical practice guideline for the use of opioids when managing chronic pain. This synopsis summarizes the recommendations that the authors believe are the most important to highlight.

Methods: In December 2020, the VA/DoD Evidence-Based Practice Work Group assembled a team to update the 2017 VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain. The guideline development team included clinical stakeholders and conformed to the National Academy of Medicine's tenets for trustworthy clinical practice guidelines. The guideline team developed key questions to guide a systematic evidence review that was done by an independent third party and distilled 20 recommendations for care using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system. The guideline team also created 3 one-page algorithms to help guide clinical decision making. This synopsis presents the recommendations and highlights selected recommendations on the basis of clinical relevance.

Recommendations: This guideline is intended for clinicians who may be considering opioid therapy to manage patients with chronic pain. This synopsis reviews updated recommendations for the initiation and continuation of opioid therapy; dose, duration, and taper of opioids; screening, assessment, and evaluation; and risk mitigation. New additions are highlighted, including recommendations about the use of buprenorphine instead of full agonist opioids; assessing for behavioral health conditions and factors associated with higher risk for harm, such as pain catastrophizing; and the use of pain and opioid education to reduce the risk for prolonged opioid use for postsurgical pain.

Osteoarthritis in people over 16: diagnosis and management—updated summary of NICE guidance
36693668
ARTROSIS EN PERSONAS DE MÁS DE 16 AÑOS: DIAGNÓSTICO Y TRATAMIENTO—RESUMEN ACTUALIZADO DE LA GUÍA NICE

What you need to know

- Osteoarthritis is a clinical diagnosis that can be made without imaging in people who are 45 or over, have activity related joint pain, and have either no morning joint related stiffness or morning stiffness that lasts no longer than 30 minutes
- Therapeutic exercise is important for people with osteoarthritis to reduce pain and improve physical function and quality of life
- Analgesia should only be used for the shortest possible time, primarily to support therapeutic exercise

---

Executive summary. Diagnosis, treatment and prophylaxis of influenza virus infection. Consensus statement of the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC), the Spanish Society of Pediatric Infectious Diseases (SEIP), the Spanish Association of Vaccinology (AEV), the Spanish Society of Family and Community Medicine (SEMFYC) and the Spanish Society of Preventive Medicine, Public Health and Health Management (SEMPSPGS)
37119776
RESUMEN EJECUTIVO. DIAGNÓSTICO, TRATAMIENTO Y PROFILAXIS DE LA INFECCIÓN POR VIRUS DE LA GRIPE. DECLARACIÓN DE CONSENSO DE LA SEIMC, SEIP, AEV, SEMFYC Y SEMPSPGS

Resumen

El virus de la gripe ha acompañado al ser humano desde tiempo inmemorial, en forma de epidemias anuales y pandemias ocasionales. Se trata de una infección respiratoria con múltiples repercusiones sobre la vida de las personas a nivel individual y social, así como una importante sobrecarga para el sistema sanitario. El presente documento de consenso surge de la colaboración de diversas sociedades científicas españolas implicadas en la atención de la infección por virus de la gripe. Las conclusiones extraídas se han fundamentado en las evidencias de mayor calidad disponibles en la literatura científica y, en su defecto, en la opinión de los expertos convocados. En el documento de consenso se abordan los aspectos clínicos, microbiológicos, terapéuticos y preventivos (respecto de la prevención de la transmisión y con relación a la vacunación) de la gripe, tanto para población pediátrica como para adultos. Este documento de consenso pretende ayudar a facilitar el abordaje clínico, microbiológico y

preventivo de la infección por virus de la gripe y, consecuentemente, a disminuir sus importantes consecuencias sobre la morbimortalidad de la población.

Guidelines for the management of male urinary tract infections in primary care: a lack of international consensus-a systematic review of the literature
35833228
GUÍAS PARA EL MANEJO DE LAS INFECCIONES MASCULINAS DE VÍAS BAJAS URINARIAS EN ATENCIÓN PRIMARIA: FALTA DE CONSENSO INTERNACIONAL-REVISIÓN SISTEMÁTICA DE LA LITERATURA

Abstract

Background: The management of adult male urinary tract infections (mUTIs) in primary care lacks international consensus. The main objective of this study was to describe the different guidelines for the diagnosis and management of mUTIs in primary care, to assess their methodological quality, and to describe their evidence-based strength of recommendation (SoR).

Methods: An international systematic literature review of the electronic databases Medline (PubMed) and EMBASE, and gray-literature guideline-focused databases was performed in 2021. The Appraisal of Guidelines for Research and Evaluation (AGREE II) assessment tool was used by 2 independent reviewers to appraise each guideline.

Results: From 1,678 records identified, 1,558 were screened, 134 assessed for eligibility, and 29 updated guidelines met the inclusion criteria (13 from Medline, 0 from EMBASE, and 16 from gray literature). Quality assessment revealed 14 (48%) guidelines with high-quality methodology. A grading system methodology was used in 18 (62%) guidelines. Different classifications of mUTIs are described, underlining a lack of international consensus: an anatomic classification (cystitis, prostatitis, pyelonephritis) and a symptomatic classification (approach based on the intensity and tolerance of symptoms). The duration of antibiotic treatment for febrile mUTIs has been gradually reduced over the last 20 years from 28 days to 10-14 days of fluoroquinolones (FQ), which has become the international gold standard. Guidelines from Scandinavian countries propose short courses (3-5 days) of FQ-sparing treatments: pivmecillinam, nitrofurantoin, or trimethoprim. Guidelines from French-speaking countries use a watchful waiting approach and suggest treating mUTIs with FQ, regardless of fever.

Conclusions: This lack of scientific evidence leads to consensus and disagreement: 14 days of FQ for febrile mUTIs is accepted despite a high risk of antimicrobial resistance, but FQ-sparing treatment and/or short treatment for afebrile mUTIs is not. The definition of afebrile UTIs/cystitis is debated and influences the type and duration of antibiotic treatment recommended.

Plain language summary

The definition and the treatment of adult male urinary tract infections (mUTIs) are imprecise compared with female UTIs. We aimed to describe the different guidelines for the diagnosis and management of mUTIs in primary care and to assess their methodological quality. Our international systematic review included 29 updated regional/national guidelines. The management of male UTIs is not specific to primary care. Guidelines are mainly based on expert opinion, so definition and therapeutic proposals differ according to the prescribing practices of each country. Different classifications of mUTIs are described, underlining a lack of international consensus: an anatomic classification (cystitis, prostatitis, pyelonephritis) and a symptomatic classification (approach based on the intensity and tolerance of symptoms). Cytobacteriological examination of urine is systematically performed in the management of all mUTIs. A prostate-specific antigen test is not necessary for the positive diagnosis of mUTI. Over the past 20 years, the duration of treatment with fluoroquinolone antibiotics has decreased from 4 to 2 weeks. Fluoroquinolones (FQ) remain the reference treatment but there is a high risk of antimicriobial resistance. Guidelines from Scandinavian countries propose short courses (3–5 days) of FQ-sparing treatments: pivmecillinam, nitrofurantoin, or trimethoprim. Guidelines from French-speaking countries use a watchful waiting approach and suggest treating mUTIs with FQ, regardless of fever. This lack of scientific evidence leads to consensus and disagreement: 14 days of FQ for febrile mUTIs is accepted despite a high risk of antimicrobial resistance, but FQ-sparing treatment and/or short treatment for afebrile mUTIs is not. The promotion of interventional trials will be necessary in primary care to confirm the efficacy of short treatment without FQ in afebrile mUTIs.

Abstract

Clinical question: What is the role of drugs in preventing covid-19? WHY DOES THIS MATTER?: There is widespread interest in whether drug interventions can be used for the prevention of covid-19, but there is uncertainty about which drugs, if any, are effective. The first version of this living guideline focuses on the evidence for hydroxychloroquine. Subsequent updates will cover other drugs being investigated for their role in the prevention of covid-19.

Recommendation: The guideline development panel made a strong recommendation against the use of hydroxychloroquine for individuals who do not have covid-19 (high certainty).

How this guideline was created: This living guideline is from the World Health Organization (WHO) and provides up to date covid-19 guidance to inform policy and practice worldwide. Magic Evidence Ecosystem Foundation (MAGIC) provided methodological support. A living systematic review with network analysis informed the recommendations. An international guideline development panel of content experts, clinicians, patients, an ethicist and methodologists produced recommendations following standards for trustworthy guideline development using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Understanding the new recommendation: The linked systematic review and network meta-analysis (6 trials and 6059 participants) found that hydroxychloroquine had a small or no effect on mortality and admission to hospital (high certainty evidence). There was a small or no effect on laboratory confirmed SARS-CoV-2 infection (moderate certainty evidence) but probably increased adverse events leading to discontinuation (moderate certainty evidence). The panel judged that almost all people would not consider this drug worthwhile. In addition, the panel decided that contextual factors such as resources, feasibility, acceptability, and equity for countries and healthcare systems were unlikely to alter the recommendation. The panel considers that this drug is no longer a research priority and that resources should rather be oriented to evaluate other more promising drugs to prevent covid-19.

Updates: This is a living guideline. New recommendations will be published in this article and signposted by update notices to this guideline.