



Special article

ALAT-2014 Chronic Obstructive Pulmonary Disease (COPD) Clinical Practice Guidelines: Questions and Answers[☆]

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ABSTRACT

ALAT-2014 COPD Clinical Practice Guidelines used clinical questions in PICO format to compile evidence related to risk factors, COPD screening, disease prognosis, treatment and exacerbations. Evidence reveals the existence of risk factors for COPD other than tobacco, as well as gender differences in disease presentation. It shows the benefit of screening in an at-risk population, and the predictive value use of multidimensional prognostic indexes. In stable COPD, similar benefits in dyspnea, pulmonary function and quality of life are achieved with LAMA or LABA long-acting bronchodilators, whereas LAMA is more effective in preventing exacerbations. Dual bronchodilator therapy has more benefits than monotherapy. LAMA and combination LABA/IC are similarly effective, but there is an increased risk of pneumonia with LABA/IC. Data on the efficacy and safety of triple therapy are scarce. Evidence supports influenza vaccination in all patients and anti-pneumococcal vaccination in patients < 65 years of age and/or with severe airflow limitation. Antibiotic prophylaxis may decrease exacerbation frequency in patients at risk. The use of systemic corticosteroids and antibiotics is justified in exacerbations requiring hospitalization and in some patients managed in an outpatient setting.

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Guía de práctica clínica de la enfermedad pulmonar obstructiva crónica (EPOC) ALAT-2014: Preguntas y respuestas

RESUMEN

La guía de práctica clínica de enfermedad pulmonar obstructiva crónica (EPOC) ALAT 2014 fue elaborada contestando preguntas clínicas en formato PICO a través del análisis de evidencias sobre factores de riesgo, búsqueda de casos, evaluación pronóstica, tratamiento y exacerbaciones. La evidencia indica que existen factores de riesgo diferentes al tabaco, diferencias según el género, soporta la búsqueda activa

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de casos en población de riesgo y el valor predictivo de los índices multidimensionales. En la EPOC estable se encuentran similares beneficios de la monoterapia broncodilatadora (LAMA o LABA) sobre la disnea, función pulmonar o calidad de vida, y mayor efectividad del LAMA para prevenir exacerbaciones. La doble terapia broncodilatadora tiene mayores beneficios comparada con la monoterapia. La eficacia de la terapia con LAMA y la combinación LABA/CI es similar, con mayor riesgo de neumonía con la combinación LABA/CI. Existe limitada información sobre la eficacia y la seguridad de la triple terapia. La evidencia soporta el uso de vacunación contra la influenza en todos los pacientes y contra neumococo en <65 años y/o con obstrucción grave. Los antibióticos profilácticos pueden disminuir la frecuencia de exacerbaciones en pacientes de riesgo. Está justificado el uso de corticosteroides sistémicos y antibióticos en exacerbaciones que requieren tratamiento intrahospitalario y en algunas de tratamiento ambulatorio.

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Introduction

The ALAT-2014 guidelines on chronic obstructive pulmonary disease (COPD) are the result of a collaborative project. These recommendations contain regional information and clinical practice guideline (CPG) tools to improve the effectiveness, efficiency and safety of routine treatment decisions related to COPD patients.

This document presents the methodology of the CPG and the development of the PICO format questions formulated in each chapter. The complete version of the CPG is available online.

Methodology

Working Group and Design of Clinical Questions

The working group was formed of members of the 2011 Expert Consensus Group, along with other experts in drafting and/or evaluating CPGs who were invited to join the project. The group was divided into 5 teams to address the following topics:

- Methodology
- Epidemiology and definition
- Diagnosis
- Treatment of stable COPD
- Exacerbation

The task of these teams was to draw up the clinical questions contained in the guideline.

The questions were formulated in PICO or PECO format: Patient, (Problem or Population), Intervention or Exposure, Comparison and Outcome.¹

Two metasearch engines were used for the literature search: Tripdatabase and PubMed. The first was used to establish the hierarchy for the introductory information in each chapter, and to answer the PICO questions; MeSH was used to search PubMed to compare and supplement the search for PICO questions. Table 1 shows the keywords used in the Tripdatabase search and the MeSH terms. The number and type of relevant studies retrieved for each question, shown in Table 2, were evaluated by at least 3 experts, and only those with a Critical Appraisal Skills Program España (CASPE) score of $\geq 70\%$ were selected. To update the content of each chapter, priority was given to existing guidelines, secondary evidence, extensive primary clinical trials and studies retrieved from Tripdatabase following a keyword-based search strategy.

Eligibility Criteria

The studies retrieved for PICO questions were prioritized according to the highest level of evidence (randomized controlled trials [RCTs], meta-analyses and systematic reviews) and the most

appropriate answer to the clinical question. Whenever this was not possible, intermediate (observational) or low level (open-label, case series or consensus) studies were selected. The recommended algorithmic selection method was used primarily for therapeutic questions.² The results of RCTs included in a systematic review are not described separately, unless they address a highly relevant aspect that merits additional observations (for example, secondary outcomes). Studies published in Spanish, Portuguese and English were considered for inclusion. The end date of the search was October 2013.

Critical Analysis and Formulating Recommendations

The critical appraisal of the studies selected was performed according to the recommendations and templates developed by the CASPE network (www.redcaspe.org). For this purpose, the ACCP grading system was used to classify recommendations as STRONG or WEAK according to the balance of benefits, risks, burdens, and possibly cost. The quality of evidence was classified as HIGH, INTERMEDIATE or LOW, according to the study design, the consistency of the results, and the ability of the evidence to clearly answer PICO questions. This system was chosen because it is simple, transparent, explicit and consistent with the existing methodological approach to developing evidence-based CPGs.³

A group of external reviewers with experience in COPD was formed. This group is detailed in the "authors and contributors" section. The final version of these guidelines has been reviewed and approved by all the authors.

PICO Questions

The CPG uses PICO questions to address evidence and controversies relating to risk factors, screening, prognostic evaluation, treatment of stable COPD, prevention and treatment of exacerbations.

Risk Factors

The importance of risk factors other than smoking in COPD and the influence of patient gender on the disease are still controversial.

1. Question: Are there inhaled substances, other than tobacco smoke, that constitute a risk factor in the development of COPD?

Justification

Although smoking is the main risk factor for COPD, a significant number of cases cannot be attributed to this exposure. Other risk factors (exposure to biomass smoke, occupational exposure to dusts and gases, and outdoor air pollution) have been linked to the pathogenesis of COPD.⁴

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