



Publicación científica y proceso editorial

Prof. Alfonso J. Rodríguez Morales, MD, MSc, DTM&H, FRSTMH(Lon), FFTM RCPS(Glasg), PhD(c)

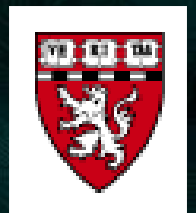
arodriguez@jidc.org

DECANO A SUS ALUMNOS DE MEDICINA:

“La mitad de lo que les hemos enseñado no será verdad dentro de 10 años” .

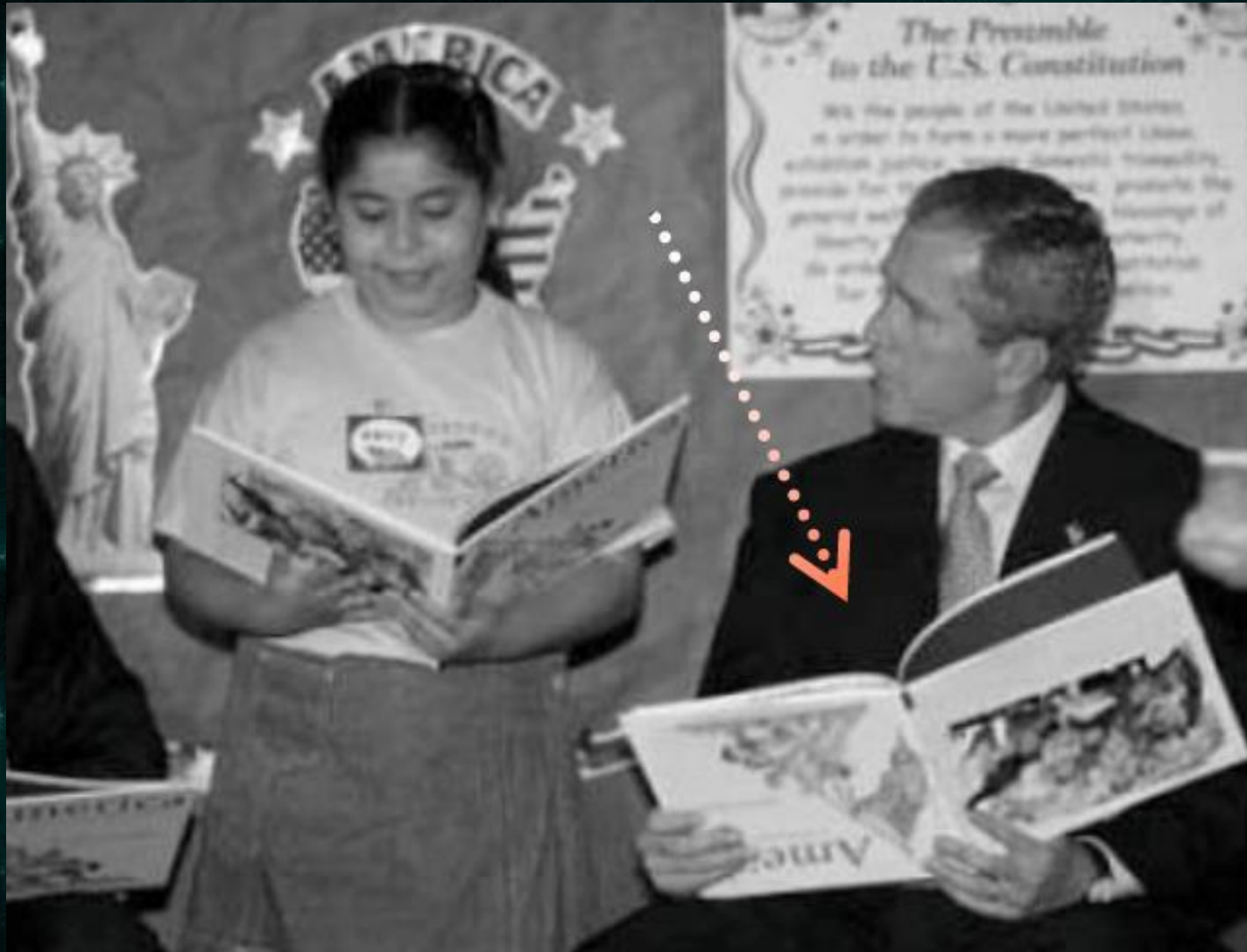
“El problema es que tampoco sabemos que mitad es.”

(Palabras pronunciadas por el *Dr. Sydney Burwell*, Harvard Medical School en el acto inaugural de la carrera de medicina, 1956)



Lectura Crítica

Hay que saber leer!!!

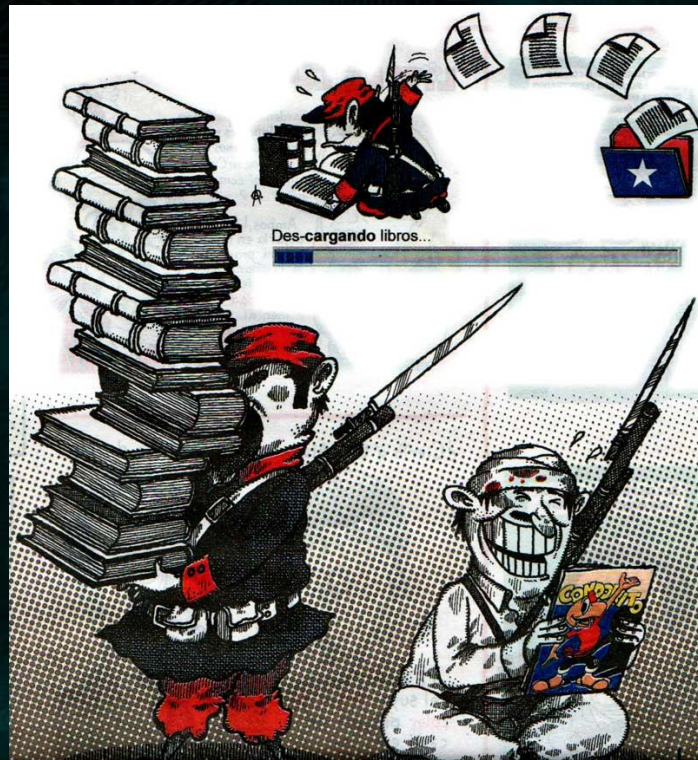


La humanidad ha generado más información en los últimos 30 años que en los pasados 5000.

Una edición normal de un día de semana del “*The New York Times*” contiene más información que la que oyó en toda su vida una persona promedio de la Inglaterra del siglo XVII



Wurman, RS, *Information anxiety: What to do when information doesn't tell you what you need to know*. 1st ed.1999, New York: Doubleday. 356.



Se publican a nivel internacional alrededor de 1000 libros por día.

El conocimiento impreso se duplica cada 8 años

Wurman, RS, *Information anxiety: What to do when information doesn't tell you what you need to know*. 1st ed.1999, New York: Doubleday. 356.



“para leer todo lo de posible importancia en el ámbito de la medicina, se necesitaría leer 6000 artículos por día.”

Arndt KA Information excess in medicine. Arch Dermatol 1992 Sep;128(9):1249-1256

Búsqueda de Evidencia Científica en Internet
Edward Mezones Holguín MD

Con de casi 400.000 artículos al año que lanzan las revistas biomédicas, las necesidades de información deberían estar cubiertas.

Una gran proporción no está dirigida a contestar las preguntas que surgen en la práctica, es de desigual calidad y, en muchos casos, redundante.



Wyatt JC. Management of explicit and tacit knowledge. JR Soc Med 2001; 94: 6-9.

SBE: Vínculos con el Proceso Editorial

- La SBE se genera a partir de buenas evidencias científicas disponibles en buenas revistas, con altos factores de impacto
- El Proceso Editorial mismo debe conllevar a disponer de la mejor evidencia científica necesaria en la práctica clínica
- SBE como Filosofía para una mejor práctica clínica

SBE: Vínculos con el Proceso Editorial

- Las revistas deben orientarse a poder ser fuentes verdaderas de evidencias científicas de acuerdo a los criterios de la SBE
- La abundancia de información no impide, pero entorpece la actualización progresiva, por ende también las revistas deben poder filtrar lo que aporta o no al conocimiento científico con un mínimo nivel de significado

Más estadísticas...

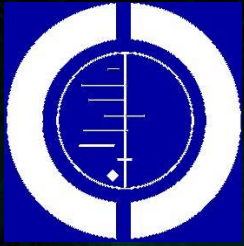
- Actualmente, nos encontramos frente a un escenario en el que aparecen 17.000 libros y unas 30.000 revistas biomédicas nuevas cada año, con un incremento anual de un 7%.
- Para mantenerse actualizado un médico necesitaría leer en promedio 17 artículos originales cada día.



La Cochrane

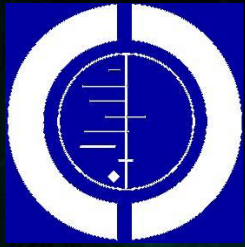
- “Preparar, mantener y divulgar revisiones sistemáticas sobre los efectos de la atención sanitaria.”
- Desarrollo, vigilancia y mantenimiento de Revisiones Sistemáticas de la Literatura



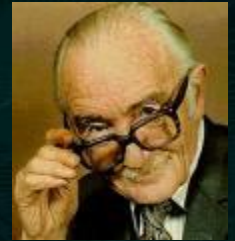


¿Qué es una revisión sistemática?

- revisión
 - Sometimiento de una cosa a un nuevo examen para corregirla, repararla o comprobar su funcionamiento y validez.
- sistemática
 - Método de ordenación, organización o clasificación de elementos.



La Colaboración Cochrane



Archie Cochrane, 1979

"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomized controlled trials."

- Revisiones sistemáticas como la única forma de crear "Medicina Basada en la Evidencia".
- Es imposible mantenerse al tanto de toda la información generada.
- Únicamente por medio de revisiones sistemáticas es posible llevar a cabo un análisis objetivo de la evidencia disponible.
- Su visión: crear una organización con el solo propósito de llevar a cabo revisiones sistemáticas en todas las ramas de la medicina.

¿Qué es la SBE?



- Es el uso de la mejor evidencia actual, proveniente de la investigación en salud, para tomar decisiones respecto al cuidado de pacientes individuales (Sackett DL y col. BMJ 1996; 312:71-2)
 - *Evidencias* en Investigación
 - Experiencia en la *práctica* clínica
 - Valores del *paciente*

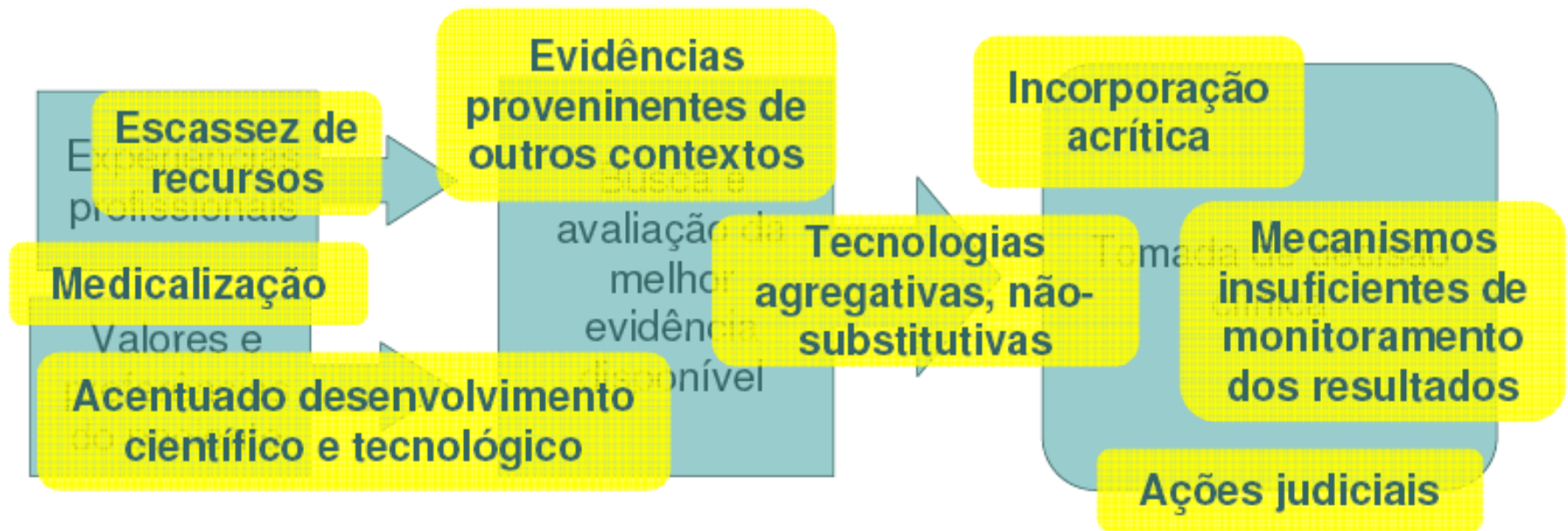


¿Qué es la SBE?

- 1) Mejor evidencia científica
 - Investigación clínicamente relevante
 - Ensayos clínicos
- 2) Habilidad clínica
 - Capacidad de identificar el estado de salud y el diagnóstico del paciente
 - Riesgos y beneficios potenciales de las intervenciones a ser usadas
- 3) Valores do paciente
 - Preferencias particulares, preocupaciones e expectativas

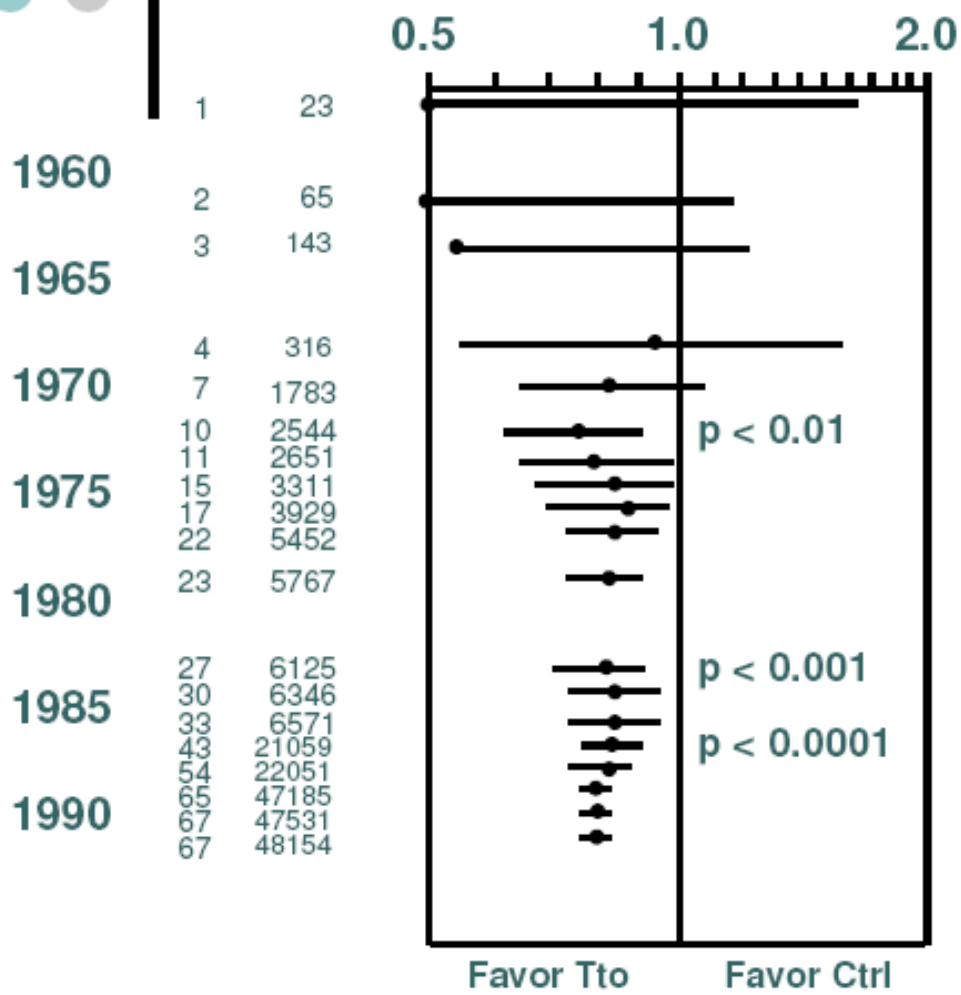


O fluxo da Medicina Baseada em Evidências






Razão de chances (escala log)



Rotina	Específicos	Nunca	Experimental	Não citado
				21
				5
			1	10
			1	2
			2	8
				7
				8
	1			12
	1		8	4
	1		7	3
5	2		2	1
15	8			6
6	1			

Redução da mortalidade com uso de trombolíticos após IAM



Cinco passos da Medicina Baseada em Evidências

- Transformação da necessidade de informação em uma pergunta que pode ser respondida
- Identificação da melhor evidência que vai responder essa pergunta
- Análise crítica da evidência quanto à validade, ao impacto e aplicabilidade.
- Integração da análise crítica com a habilidade clínica e a biologia, os valores e os aspectos culturais do paciente
- Avaliação de nossa efetividade e eficiência na execução desse processo.

El Proceso Editorial y la SBE

- Es un pilar mismo de la SBE
- Sin revistas científicas no hay SBE
- La SBE en sí misma depende directamente de la generación de evidencias que están disponibles en publicaciones científicas
- Por ende, de esto se desprenden múltiples consideraciones para el ejercicio editorial

El Proceso Editorial y la SBE

- Calidad de las revisiones de la literatura empleadas en los manuscritos sometidos
- Claridad y rigurosidad metodológica de los trabajos
- Buen análisis de los resultados, buena estadística descriptiva e inferencial, especialmente en ECAs (o RCTs)
- Capacidad de catalogar un manuscrito de acuerdo a su nivel de evidencia científica

El Proceso Editorial y la SBE

- Responsabilidad crítica y ética de autores, editores y árbitros de orientar su trabajo hacia la excelencia, hacia la generación de la mejor evidencia científica posible y contribuir con una mejor práctica clínica
- Un buen clínico entiende y practica la SBE diariamente, y consecuentemente tiene acceso a buenas revistas médicas

Grados de Recomendación

- Derivan de los niveles de evidencia
- Recomiendan respecto a la adopción de determinada intervención sanitaria

A: Existe buena evidencia para apoyar la recomendación

B: Existe alguna evidencia para apoyar la recomendación

C: Existe escasa evidencia para apoyar la recomendación

D: No existe evidencia para apoyar la recomendación

Valoración de la Evidencia

Overview of a simplified and traditional hierarchy for grading the quality of evidence and strength of recommendations

Levels of Evidence

Level I	Well conducted, suitably powered RCT
Level II	Well conducted, but small and under-powered RCT
Level III	Non-randomized observational studies
Level IV	Non-randomized study with historical controls
Level V	Case series without controls

Grades of recommendations

Grade A	Level I
Grade B	Level II
Grade C	Level III or lower

Levels of evidence are for an individual research investigation. Grading of recommendations is based on levels of evidence. Adapted from [1,2]. RCT, randomized controlled trial.

El Sistema GRADE

Grades of Recommendation Assessment, Development and Evaluation

Criteria para asignar el grado de evidencia

Criteria for assigning level of evidence	
Type of evidence	
Randomized trial	High
Observational study	Low
Any other type of research evidence	Very low
Increase level if:	
Strong association	(+1)
Very strong association	(+2)
Evidence of a dose response gradient	(+1)
Plausible confounders reduced the observed effect	(+1)
Decrease level if:	
Serious or very serious limitations to study quality	(-1) or (-2)
Important inconsistency	(-1)
Some or major uncertainty about directness	(-1) or (-2)
Imprecise or sparse data ^a	(-1)
High probability of reporting bias	(-1)

^aFew outcome events or observations or wide confident limits around an effect estimate. Adapted from [10].

El Sistema GRADE

Grades of Recommendation Assessment, Development and Evaluation

Definiciones de los niveles de evidencia

Level of evidence	Definition
High	Further research is not likely to change our confidence in the effect estimate
Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very Low	Any estimate of effect is uncertain

Summary of components to consider when evaluating the quality of evidence from research

Study design	Randomized Allocation concealment Blinding (if possible) ^a Clinically important and objective primary outcome Beta-error ^b Multi-center
Study conduct	Intention-to-treat analysis Follow-up or attrition rate Completion to planned numbers
Study findings	Biological plausibility Strength of estimate of effect Precision of estimate of effect Observed event rate
Study applicability	Consistency across similar studies Reproducibility Generalizability

^aBlinding may not be possible in device or protocol/process trials.

^bAdequately powered, appropriate estimate of control event rate and relative or absolute reduction in clinically important primary outcome.

Preguntas sobre Terapia, Prevención, Etiología y Daño

Grado de recomendación	Nivel de evidencia	Estudios sobre los que se basa
A	1a	Revisión Sistemática de ECAs (Sin heterogeneidad)
	1b	ECA individual con IC estrecho
B	2a	Revisión Sistemática de Estudios de Cohorte
	2b	Estudio de Cohorte individual (ECAs de baja calidad)
	3a	Revisión Sistemática de Estudios de Casos y Controles
	3b	Estudio de Casos y Controles individual
C	4	Series de Casos (Cohortes y CC baja calidad)
D	5	Opinión de expertos

Preguntas sobre Pronóstico

Grado de recomendación	Nivel de Evidencia	Estudios sobre los que se basa
A	1a	Revisión Sistemática de estudios de Cohorte Prospectivos (Sin heterogeneidad)
	1b	Estudio de Cohorte Prospectivo individual con seguimiento mayor a 80%
B	2a	Revisión Sistemática de Estudios de Cohorte Retrospectivo (sin heterogeneidad) o de grupos controles no tratados en ECAs
	2b	Cohorte Retrospectiva, o seguimiento de controles no tratados den ECA
C	4	Series de Casos (y Cohortes de baja calidad)
D	5	Opinión de Expertos


Preguntas sobre Diagnóstico

Grado de recomendación	Nivel de Evidencia	Estudios sobre los que se basa
A	1a	Revisión Sistemática (Sin heterogeneidad) de Estudios de Diagnóstico de alta calidad (Nivel 1)
	1b	Estudio de Test Diagnóstico de alta calidad
B	2a	Revisiones Sistemáticas (Sin heterogeneidad) de Estudios de DG de mediana calidad (nivel 2)
	2b	Estudio de Test Diagnóstico de mediana calidad (Problemas con espectro de pacientes)
	3	Estudio de Test Diagnóstico de mediana calidad (Estándar de Referencia no se aplicó a todos)
C	4	Estudio de Test Diagnóstico de mediana calidad (Estándar de Referencia no se aplicó enmascaradamente o independientemente)
D	5	Opinión de experto


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Action	PubMedID	Discipline
Home management of malaria with artemether-lumefantrine compared with standard care in urban Ugandan children: a randomised controlled trial.		
View Article Additional Info 1	19362361	Public Health

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Title		27287 / Prospective validation of a clinical prediction model for Lyme meningitis in children.			
Discipline Name	Rater	Relevance Score	Newsworthiness Score	Comments	Rating Date
--Infectious Disease	Alfonso J. Rodriguez-Morales	6	5	An interesting article but a future prospective study involving more patients for a longer study period, and likely with a multicentred evaluation that considers additional endemic states, is necessary to confirm these results. The findings, however, are a significant help for clinicians to differentiate between Lyme meningitis and aseptic meningitis and to improve the rationale for the use of antibiotics in necessary cases.	5/10/2009 2:10:46 AM
--Infectious Disease	Rater 1	7	6	This information is very important because it is an additional feature to differentiate Lyme meningitis from other causes of aseptic meningitis. This allows the choice of an option of treatment for faster processing, since the laboratory findings that could help in diagnosing sometimes take time to become available because of the complexity of their methodologies.	5/26/2009 10:17:15 PM
--Infectious Disease	Rater 2	6	4		5/20/2009 9:28:37 PM
AVERAGES		6	5		

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- --Tropical and Travel Medicine
 - [Polymer-based oral rehydration solution for treating acute watery diarrhoea.](#)
 - [Home management of malaria with artemether-lumefantrine compared with standard care in urban Ugandan children: a randomised controlled trial.](#)
 - [Antiamoebic drugs for treating amoebic colitis.](#)
 - [Assessment of herd protection against trachoma due to repeated mass antibiotic distributions: a cluster-randomised trial.](#)
 - [Safety and immunogenicity of RTS,S/AS02D malaria vaccine in infants.](#)
- --Infectious Disease
 - [Telaprevir and peginterferon with or without ribavirin for chronic HCV infection.](#)
 - [Treatment of Staphylococcus aureus colonization in atopic dermatitis decreases disease severity.](#)
 - [Interventions for American cutaneous and mucocutaneous leishmaniasis.](#)
 - [Chlorhexidine-impregnated sponges and less frequent dressing changes for prevention of catheter-related infections in critically ill adults: a randomized controlled trial.](#)
 - [Lack of utility of risk score and gynecological examination for screening for sexually transmitted infections in sexually active adolescents.](#)
- Public Health
 - [Nicotine receptor partial agonists for smoking cessation.](#)
 - [Pneumococcal conjugate vaccines for preventing otitis media.](#)
 - [Male circumcision for the prevention of HSV-2 and HPV infections and syphilis.](#)
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Your search: **Full Text: malaria vivax venezuela** yielded 1,215 top results from at least 101,023,617 found.

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Authors




- [AJ Rodriguez-Morales, E Sanchez, M Vargas, C \(4\)](#)
- [Gabaldon, A. \(2\)](#)
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Publications

- [Clinical Infectious Diseases \(13\)](#)
- [HubbleSite \(7\)](#)
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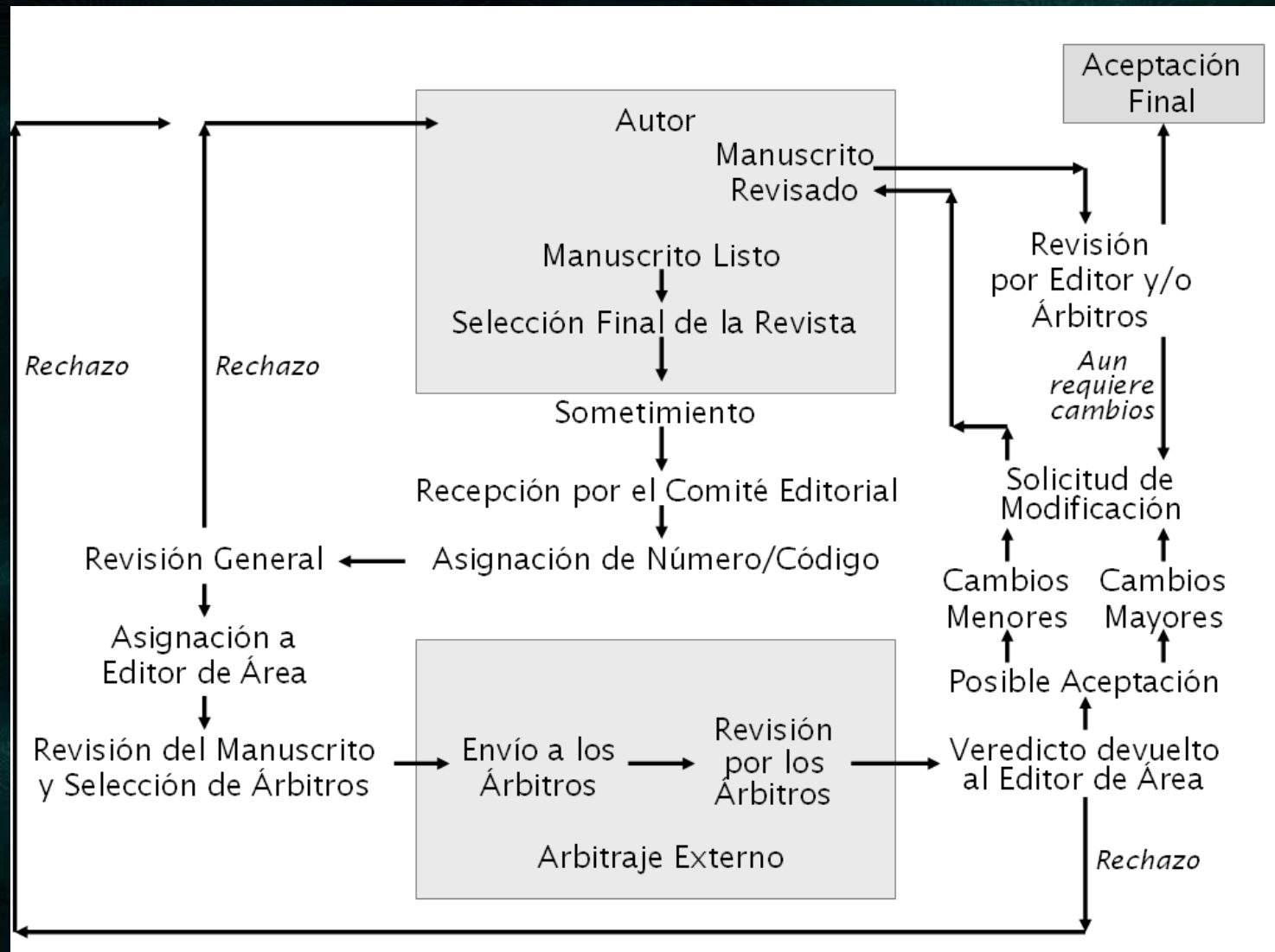
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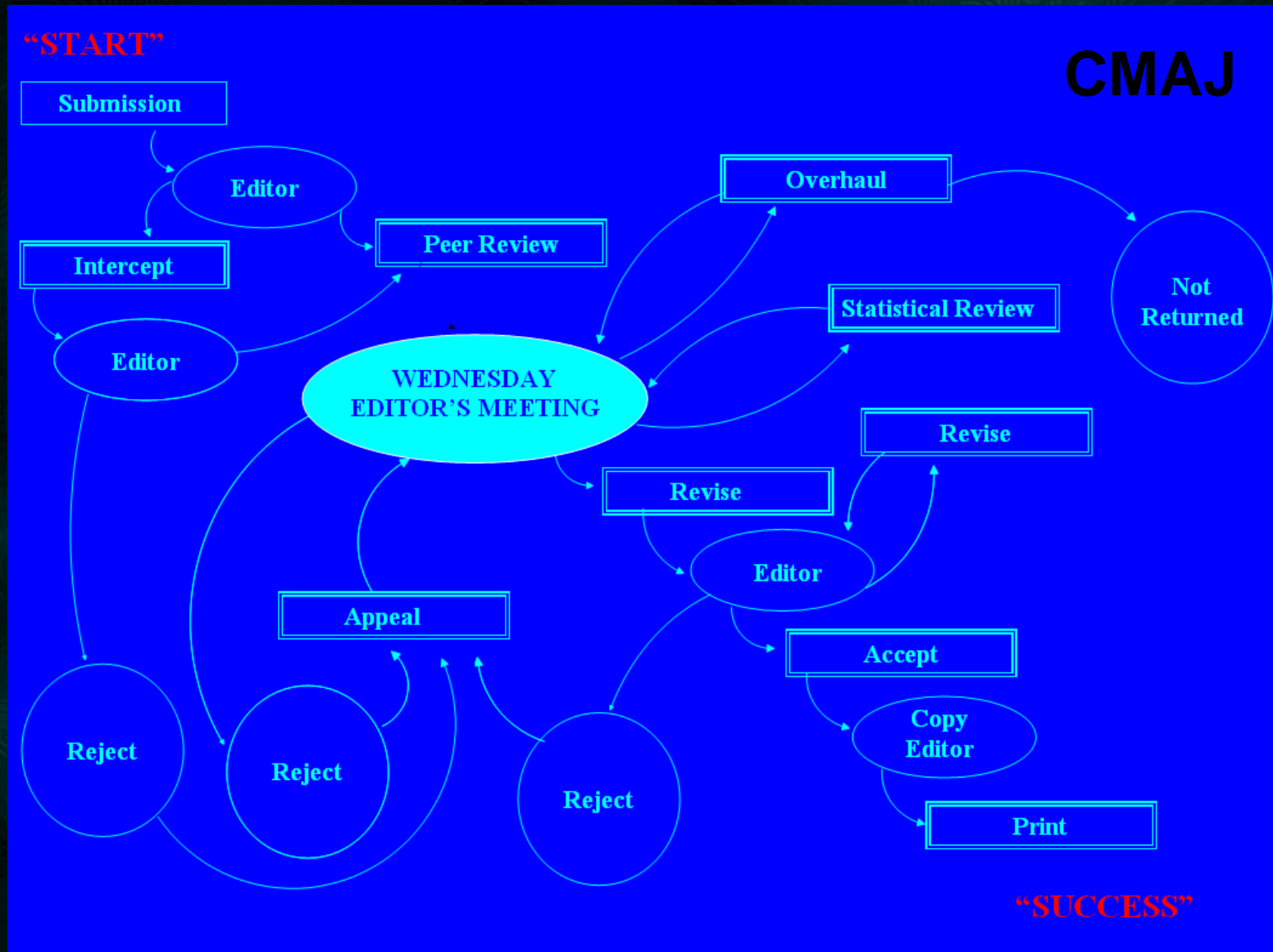
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- 1 [Pregnancy outcomes associated with Plasmodium vivax malaria in northeastern Venezuela.](#)**
★★★★★ *J. Rodriguez-Morales A.*
The American journal of tropical medicine and hygiene
Although Plasmodium **vivax** is increasingly recognized as an important cause of morbidity in pregnancy in low **malaria**-transmission areas of Asia, little is know about the epidemiologic and clinical profiles of **P. vivax** in pregnant women in Latin America. We describe the clinical features and pregnancy outcomes in a series of 12 cases of **P. vivax malaria** in pregnant women complicated in some by miscarriage ... **vivax** is endemic in northeastern **Venezuela**.
[Energy Files](#)
- 2 [Taller sobre profilaxis de Malaria y tratamiento de la malaria ...](#)**
★★★★★
... caibco taller profilaxis **malaria** tratamiento **malaria** existente **venezuela** se ... pais continua predominio marcado plasmodium **vivax** > 80% casos **malaria** p ...
[OpenDOAR](#)
- 3 [Battling Malaria: Strengthening the U.S. Military Malaria Vaccine ...](#)**
★★★★★
Immunization of man against falciparum and **vivax malaria** by use of trial with the SPf66 synthetic Plasmodium falciparum **malaria** vaccine in **Venezuela**. ...
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- 4 [documentos malaria - Página 3 - invenia.es](#)**
★★★★★
(21) Genetic diversity and dynamics of Plasmodium falciparumand **P. vivax** populations in ... de **Malaria** y tratamiento de la **malaria** existente en **Venezuela**. ...
[OpenDOAR](#)
- 5 [genetic diversity dynamics plasmodium falciparumand p vivax ...](#)**
★★★★★
... p **vivax** populations multiply infectedchildren asymptomatic **malaria** infectionsin papua ... de **Malaria** y tratamiento de la **malaria** existente en **Venezuela**. ...
[OpenDOAR](#)
- 6 [plasmodium vivax - invenia.es](#)**
★★★★★

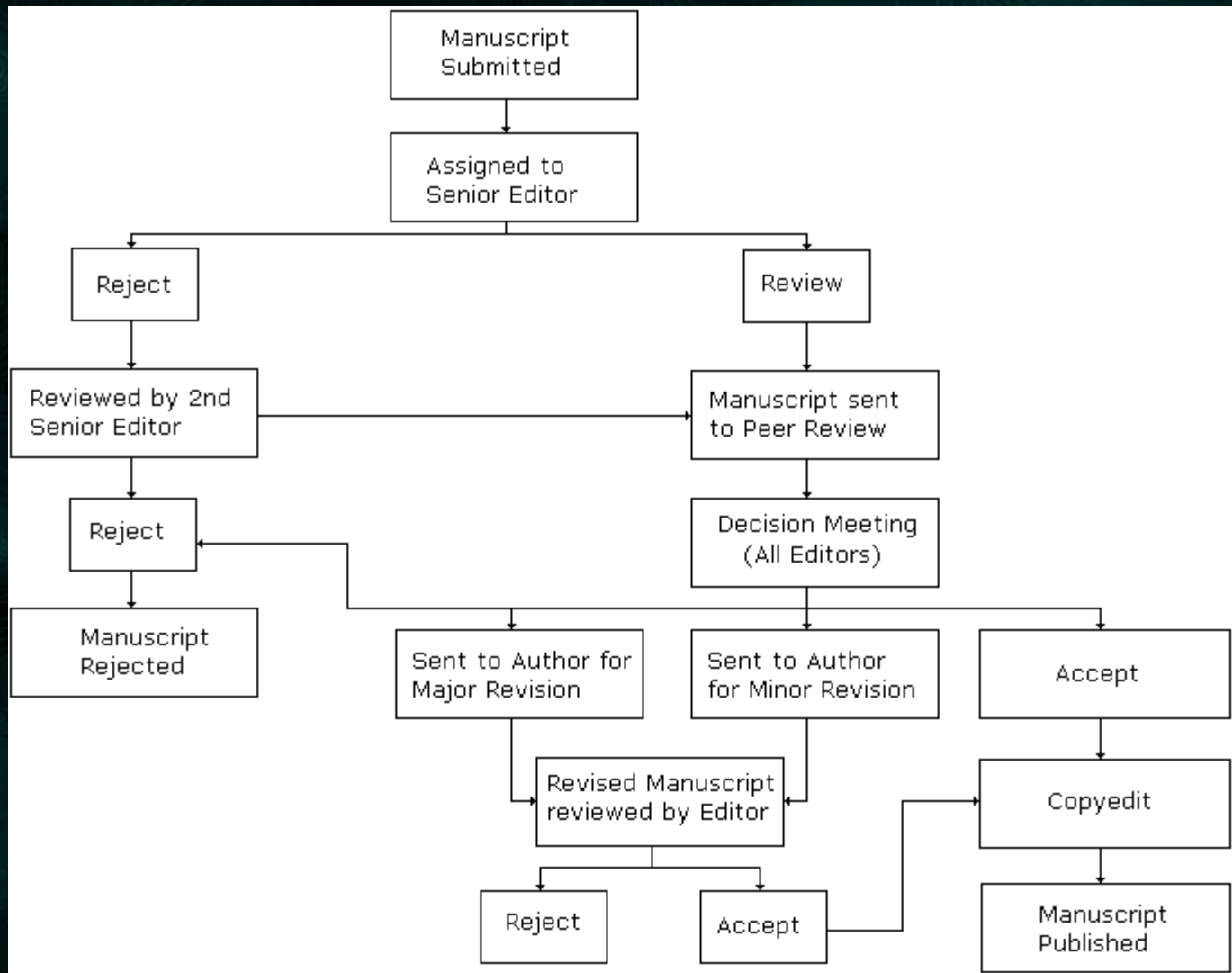
El Proceso Editorial



El Proceso Editorial

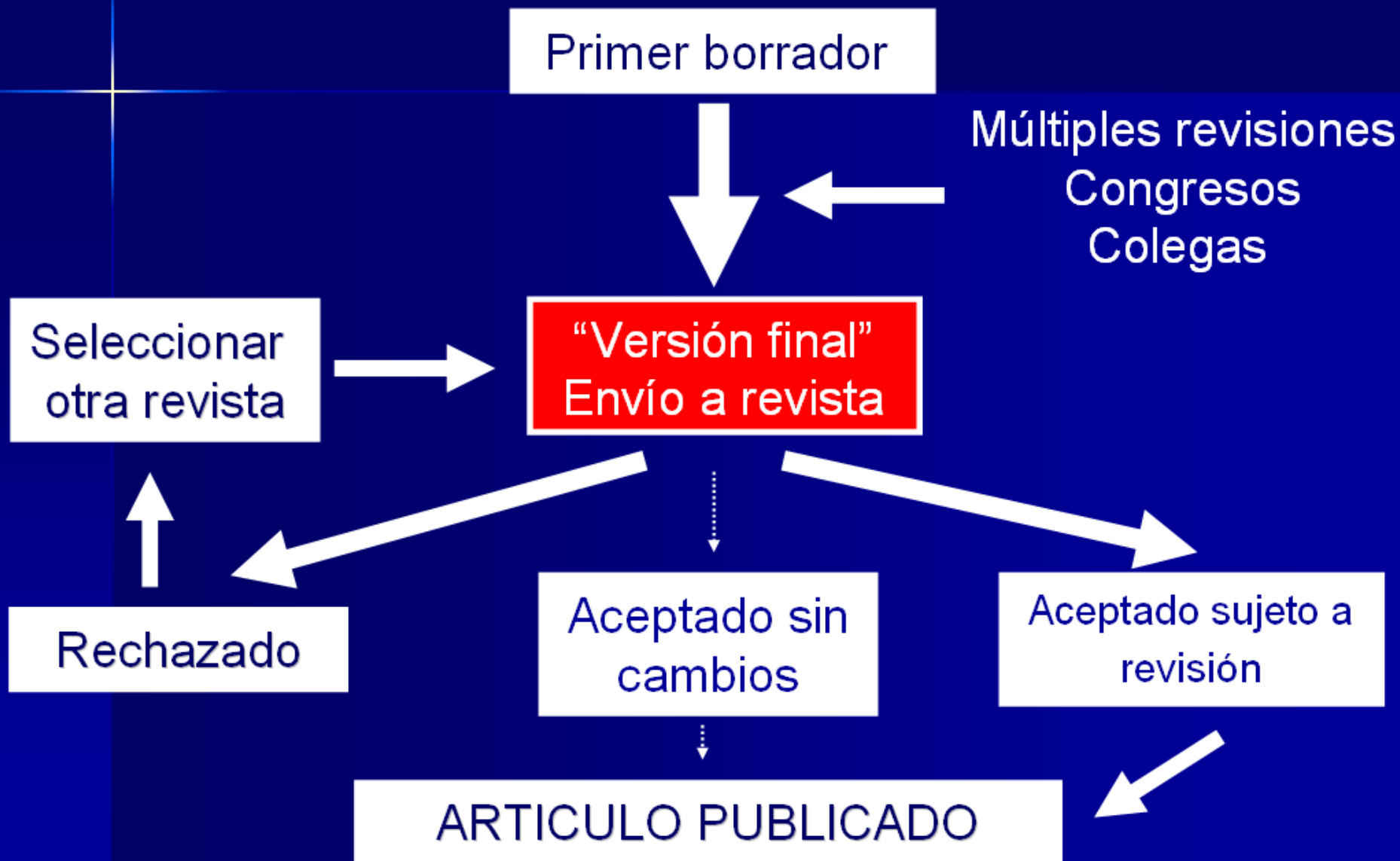


El Proceso Editorial



EL PROCESO DE REDACCION PUBLICACION

Mayta P, 2008



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					05-20	—	—	
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					05-20	—	—	
148	06-08	BRI	<input type="text"/>	<input type="text"/>	06-27	—	—	—
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[2009-06-15](#)

ACKNOWLEDGE
2009-06-22


Recommendation

Revisions Required 2009-06-22

Competing Interests

NO COMPELLING INTEREST

Review

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Authors: [Redacted]

Manuscript Type: Original Research Paper

Date Submitted: 19-Jun-2009 (Last Updated: 24-Jun-2009)

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Experimental Design and Quality of Data:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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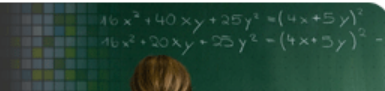
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