



Taller sobre creación de mapas de evidencia para la toma de decisiones en políticas de salud pública

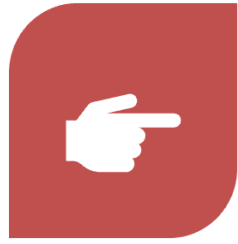
Mapa de Evidencias (Caracterización)

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Para caracterizar los estudios
seleccionados (incluidos) ...

Etapa 2 – Caracterización de la Evidencia (de los Estudios)



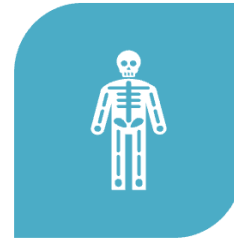
METODOLOGIA



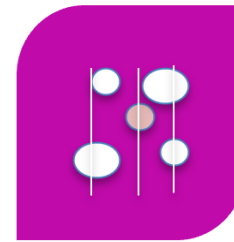
Búsqueda Bibliográfica
y Selección de Estudios



Caracterización de
la Evidencia, Nivel
de Confianza



Matriz Intervenciones,
Outcomes



Generación de los mapas
gráficos e informes

Etapa 2 – Caracterización de la Evidencia (de los Estudios)



Caracterización de la Evidencia, Nivel de Confianza

Paso 4 - Caracterización de los estudios de revisión seleccionados para el Mapa



Datos de caracterización de la Evidencia reportada en los estudios



Intervenciones, Outcomes, Efecto de las Intervenciones para los Outcomes, Población, País foco de los estudios



Evaluar la calidad metodológica del estudio: nivel de confianza en la evidencia reportada.

Es en la caracterización de los estudios donde se extraen los datos que serán asociados y representados gráficamente en el mapa. En esta etapa es fundamental el análisis de los textos completos de los estudios seleccionados.

Caracterización de la Evidencia (de los Estudios)

Principales asociaciones

Intervenciones

Puede ser una técnica, procedimiento, actividad o cualquier acción, ya sea de naturaleza clínica, administrativa, gestión, farmacológica, psicológica, ambiental, conductual, educativa, etc.

Merienda sin azúcar

Ginkgo Biloba

Suplementación calcio

Acupuntura

Actividad física

Outcomes

Los resultados están directamente relacionados con la aplicación de las intervenciones. Pueden ser una situación, condición o problema clínico, físico, conductual, gestión, servicio, metabólico, etc.

Prevención de carie dentaria

Control hipertensión

Pre-eclampsia

Dolor lumbar

Calidad de vida

Efecto

El efecto es el resultado reportado en el estudio para cada intervención asociada al resultado. ¿Cuál fue el resultado de la intervención para el resultado?

Positivo

Potencialmente Positivo

Negativo

Potencialmente Negativo

Sin Efecto

Inconclusivo

Población

La población que fue el objetivo de la intervención y el resultado analizado en el estudio

Adultos, Adolescentes

Niños, Pré-escolares

Diabéticos

Población en general

Embarazadas

Trabajadores de Salud

Intervenciones

RESEARCH

Effect of physical activity and exercise on endometriosis-associated symptoms: a systematic review

Merete Kolberg Tennfjord^{1*}, Rakel Gabrielsen^{2,3} and Tina Tellum⁴

Abstract

Background: Endometriosis is a common benign gynecological disease that has the potential to debilitate and reduce quality of life. Treatment modalities such as hormones and surgery have limitations in all dimensions of the problems caused by endometriosis, and physical activity (PA) and exercise have been proposed as alternative treatments. Aim of this study was to perform a systematic review and meta-analysis to assess the effect of PA and exercise on endometriosis-associated symptoms.

Methods: Eleven databases were searched systematically. Study selection, quality assessment, and data extraction were carried out by two independent researchers in accordance with PRISMA guidelines. Eligibility criteria were defined a priori. Women with diagnosed endometriosis receiving an intervention (PA and/or exercise). The primary outcome was pain intensity, but all outcomes were accepted.

Results: This study screened 1045 citations for eligibility. Four interventional studies were identified, of which one showed fatal design flaws and so was excluded. Three studies, two randomized controlled trials (RCT) and one post study with no control group, involving 109 patients were included in a descriptive synthesis. The interventions included flexibility and strength training, cardiovascular fitness, and yoga, and were performed from once to three times per week for a total duration of 8–24 weeks, with or without supervision. Only one study found improvement in pain intensity. One study showed decreases in stress levels. Due to the heterogeneity of the study outcomes as well as confounding factors, a quantitative meta-analysis could not be performed.

Conclusion: The effect of PA and exercise as treatments for endometriosis-associated symptoms could not be determined due to significant limitations of the included studies. Future research should be based on RCTs of high methodological quality, measuring and reporting relevant core outcomes such as pain, improvements in symptoms

endometriosis is severe pain during menstruation (dysmenorrhea) [1]. Pain during intercourse (dyspareunia) is also common, as well as the development of chronic pelvic pain (CPP) [1, 2]. Other conditions associated with endometriosis include irritable bowel syndrome, painful bladder syndrome, abdominal pain, migraine, loss of quality of life and fatigue [2–4]. It is hypothesized that a specific immunological and inflammatory pathway is common to all of these conditions and endometriosis [3, 5]. It takes a mean of 8 years to diagnose the endometriosis, during which musculoskeletal disorders secondary to endometriosis as well as psychological disorders may develop [6, 7].

There is no definite cure for endometriosis, and so the main focus of management is to control the associated pain, which is achieved by hormonal suppression of the disease or surgical excision [8]. Unfortunately, hormonal treatment can have intolerable side effects or become ineffective over time, while the effect of surgery is often short-lived [8]. Advances in the understanding of endometriosis have expanded the focus on less invasive and nonpharmacological treatments [8, 9]. International clinical guidelines have suggested focusing on the role of physical activity (PA) and exercise as part of the therapeutic approach for women suffering from endometriosis-associated symptoms [10]. The inflammation that defines endometriosis causes sensitization of pelvic organs and, ultimately leading to CPP [11]. This mechanism makes it plausible for the anti-inflammatory effect

The present systematic review attempted to identify interventional studies of high quality to assess the effect of PA and exercise specifically in treating women with endometriosis-associated symptoms.

Review question

What is the effect of PA and exercise on endometriosis-associated symptoms?

Methods

This systematic review was registered in the International Prospective Register of Systematic Reviews (CRD42021233138), and was performed in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines [20] (Additional file 1).

Eligibility criteria and search strategy

Studies of interventions involving any type of PA and exercise were eligible for inclusion. PA was defined as “any bodily movement produced by skeletal muscles that requires energy expenditure” [21] and exercise was defined as “PA that is planned, structured, and repetitive for the purpose of conditioning the body” [21], consisting of cardiovascular conditioning, strength and resistance training, and flexibility.

The study population consisted of women with any degree of endometriosis as diagnosed with an imaging or surgical modality, who presented with pain in the pelvic

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PA and exercise were introduced as a therapeutic approach for endometriosis-associated symptoms more than 3 decades ago [13]. However, these interventions have been studied mostly in terms of their ability to reduce the risk of developing endometriosis [13, 14, 15].

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Resultados - Outcomes

The study population consisted of women with any degree of endometriosis as diagnosed with an imaging or surgical modality, who presented with pain in the pelvic region (including dysmenorrhea, dyspareunia, or CPP). The primary outcome measure was the pain intensity, but all outcomes were accepted.

Exclusion criteria were data presented in short communications, reviews, letters to the editor, and congress abstracts, and the application of passive interventions.



other studies in our review did not find an effect from PA and exercise on pain [25, 27]. No sample-size calculations were performed for those two studies, and so type II errors might have been present.

There seems to be a dose-response relationship between regular, high-intensity exercise and the effect on the inflammatory profile in general [33]. Since none of the studies in this review included descriptions of exercise progression [25, 27, 28] (Additional file 3), we can only speculate if the effect of PA and exercise would have been stronger if progressive overload had been achieved [24]. Other reported effects v

Friggi Sebe Petrelluzzi et al. well-being and body image b of these studies included wor cognitive approach in additio are both possible confounde exercise on endometriosis-as

Previous research has found cle tension in higher in wom triosis pain [35] than in cont Since a large proportion of suffer from dyspareunia and CPP [1, 2], it is surpris- ing that only one of the present studies investigated the

ence that could be obtained from the previous studies. The small samples, confounding factors, heterogeneity of interventions, and poor reporting of details about the exercise intervention and outcome measures restricts our ability to draw overall conclusions about the effect of PA and exercise in treating endometriosis-associated symptoms.

Efecto - Effect

Conclusion

PA and exercise might exert a range of beneficial effects on endometriosis-associated symptoms, but unfor-

PA and exercise might exert a range of beneficial effects on endometriosis-associated symptoms, but unfortunately these effects cannot be robustly determined based on the existing literature. Nevertheless, the potentially beneficial role of PA and exercise should be communicated to women with endometriosis-associated symptoms. Future research should be based on RCTs of high methodological quality, measuring and reporting

determined potent- e com- ociated CTs of porting ents in nd sat- rmore, ble and PA and

exercise as well as patient selection is warranted, and using appropriate checklists such as the CERT is recom-

Conclusion: The effect of PA and exercise as treatments for endometriosis-associated symptoms could not be determined due to significant limitations of the included studies. Future research should be based on RCTs of high methodological quality, measuring and reporting relevant core outcomes such as pain, improvements in symptoms and quality of life, and acceptability and satisfaction from the perspectives of patients. Furthermore, these outcomes need to be measured using reliable and validated tools.

women suffering from endometriosis were able to rec-

pain, PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; CERT: Consensus on Exercise Reporting Template; VAS: Visual ana-

Table 3 Characteristics of the included studies

References	Country	Study period	Study design	Number	Study population	Intervention description	Control group
Carpenter et al. [27]	USA	NR	RCT	39 (18 intervention vs 18 controls)	Endometriosis ¹ with no other hormonal treatment during previous 12 months, no regular exercise	Unsupervised; 40 min of individualized cardio fitness at 50–70% of max heart rate + flexibility exercises + danazol	Danazol treatment only
País foco – Foccus Country							
Friggi Sebe Petrelluzzi et al. [25]	Brazil	NR	Pre-post, no control group	30	Women with endometriosis ¹ and ≥ 7 years of CPP, with no effect of medical therapy or surgery, age ² 32.0 ± 1.30 years	Supervised; 1 h of body awareness, breathing exercise, stretching, general movement, PFM strength + 1.5 h behavioral cognitive therapy	No control group
Goncalves et al. [28]	Brazil	08/2013 to 12/2014	RCT	40 (28 intervention vs 12 controls)	Endometriosis ³ and CPP, prior hormonal and surgical therapy, age ² 34.88 ± 6.70 years, no regular exercise	Supervised; 120 min of Hatha yoga, including posture (60 min) + conversation (30 min) + relaxation, breathing exercises, meditation (30 min) Medical therapy was continued	Continuing medical therapy or physiotherapy once per week

¹ Confirmed by laparoscopy; ² mean \pm standard deviation; ³ not specified how diagnosed; NR not reported, QOL quality of life, RCT randomized controlled trial, SF-36 36-item Short-Form Health Survey, SF-36 analogue scale, KINCOM Kinetic Communicator Exercise System, PSQ Perceived Stress Questionnaire, SF-36 36-item Short-Form Health Survey, I

endometriosis is severe pain during menstruation (dysmenorrhea) [1]. Pain during intercourse (dyspareunia) is also common, as well as the development of chronic pelvic pain (CPP) [1, 2]. Other conditions associated with endometriosis include irritable bowel syndrome, painful bladder syndrome, abdominal pain, migraine, loss of quality of life and fatigue [2–4]. It is hypothesized that a specific immunological and inflammatory pathway is common to all of these conditions and endometriosis [3, 5]. It takes a mean of 8 years to diagnose the endometriosis, during which musculoskeletal disorders secondary to endometriosis as well as psychological disorders may develop [6, 7].

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that affects the reproductive organs and the immune system may be one of the mechanisms of PA and exercise in the treatment of endometriosis and its associated pain, disease and symptoms. PA and exercise in endometriosis-associated symptoms [13]. However, these interventions have been studied mostly in terms of their ability to reduce the risk of developing cardiovascular disease [13, 14, 15].

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The study population consisted of women with any degree of endometriosis as diagnosed with an imaging or surgical modality, who presented with pain in the pelvic region (including dysmenorrhea, dyspareunia, or CPP).

Diseño de los estudios incluidos en la revisión

M.K.T. and T.T. using the Rayyan web application [22] that allows blinded assessments. In the second step, all Abstracts with conflicting decisions were reviewed by both authors until consensus was reached. In the third step, the same authors independently assessed the methodological quality of the manuscripts that met the inclusion criteria, using quality assessment questionnaires appropriate for the design of each study as provided by the National Heart Lung and Blood Institute [23]. We

[25–28]. We identified four studies that described an intervention incorporating PA and/or exercise: two were RCTs [27, 28] and two were pre-post studies with no control group [25, 26] (Tables 1, 2).

Quality assessment, risk of bias, and exercise intervention assessment

One study was rated as being of fair quality [27], while three were rated as poor quality [25, 26, 28]. The detailed

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applicable; NK, not reported. The quality of the included studies was rated as good, fair, or poor. We also used the Consensus on Exercise Reporting Template (CERT) [24], which is a 19-item checklist that yields a detailed description of the minimum criteria that should be reported in an exercise intervention. The template provides individual scores for each included article (ranging from 0 to 19), in addition to a summary score for each item.

danazol. However, since the study was designed to investigate if exercise could alleviate the side effects of danazol, it was not flawed per se. Moreover, the sample was too small to allow comparisons of individual side effects, important secondary outcomes (pelvic pain, dysmenorrhea, and dyspareunia) were not reported, and the methods of randomization and outcome assessment were not reported.

The RCT of Gonçalves et al. [28] was judged as being

Mapa de Evidência - Redução da Mortalidade Materna
BIREME/OPAS/OMS

< Mapa de Evidência Resumo Sobre >

Desenho dos Estudos (Tudo) País/Região Foco (Tudo) População (Tudo)

Desenho de Revisão (Tudo) Efeitos Tipo de Revisão

Revisões selecionadas: 82

Grupos de Resultados

Grupos de Intervenciones

Desfechos	Complicações do Trabalho de Parto					Complicações na Gravidez					
	Descolamento Prematuro da Placenta	Hemorragia Pós-Parto	Histerectomia Pós-Parto	Necessidade de Transfusão de Sangue	Necessidade de Uterotônicos	Placenta Retida	Sangramento Uterino	Diabetes Gestacional	Eclâmpsia	Hipertensão Gestacional	Pré-Eclâmpsia
Intervenções											
Conduta Expectante na 3a fase do trabalho de parto		●									
Descompressão Abdominal											●
Indução ao Trabalho de Parto									●		●
Medição da Perda de Sangue		●		●							

Nível de confiança: ● Alto ● Moderado ● Baixo ● Criticamente Baixo

Clique para acessar as evidências

Título	País de Publicação	Nível de Confiança	Base de Dados
Abdominal decompression in normal pregnancy (Review)	Inglaterra	Baixo	MEDLINE
Activated protein C in normal human pregnancy and pregnancies complicated by severe preeclampsia: ..	Estados Unidos	Criticamente Baixo	MEDLINE
Active versus expectant management for women in the third stage of labour.	Inglaterra	Alto	MEDLINE
Alternative regimens of mannitol ..	Fetades Unidos	Baixo	MFDI INF

Estudo 1

1. Effect of physical activity and exercise on endometriosis-associated symptoms: a systematic review.

Tennfjord, Merete Kolberg; Gabrielsen, Rakel; Tellum, Tina.

BMC Womens Health ; 21(1): 355, 2021 10 09.

Artigo em Inglês | MEDLINE | ID: mdl-34627209

<https://bmcmwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01500-4>

Effect of physical activity and exercise on endometriosis-associated symptoms: a systematic review.

Estudo 2

Salvia miltiorrhiza-Containing Chinese Herbal Medicine Combined With GnRH Agonist for Postoperative Treatment of Endometriosis: A Systematic Review and meta-Analysis.

Gao, Qiang; Shen, Lei; Jiang, Bei; Luan, Yi-Feng; Lin, Li-Na; Meng, Fan-Ci; Wang, Chao-Ying; Cong, Hui-Fang. ▼

Front Pharmacol ; 13: 831850, 2022.

Artigo em Inglês | MEDLINE | ID: mdl-35250579

<https://www.frontiersin.org/articles/10.3389/fphar.2022.831850/full>

Estudo 3

Pentoxifylline for the treatment of endometriosis-associated pain and infertility.

Grammatis, Alexandros Loukas; Georgiou, Ektoras X; Becker, Christian M. ▼

Cochrane Database Syst Rev ; 8: CD007677, 2021 08 25.

Artigo em Inglês | MEDLINE | ID: mdl-34431079

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007677.pub4/full>

Estudo 4

Selective oestrogen receptor modulators (SERMs) for endometriosis.

van Hoesel, Maaïke Ht; Chen, Ya Li; Zheng, Ai; Wan, Qi; Mourad, Selma M. ▼

Cochrane Database Syst Rev ; 5: CD011169, 2021 May 11.

Artigo em Inglês | MEDLINE | ID: mdl-33973648

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011169.pub2/full>

Estudo 5

Dienogest as a Maintenance Treatment for Endometriosis Following Surgery: A Systematic Review and Meta-Analysis.

Liu, Yijun; Gong, Han; Gou, Jinhai; Liu, Xinghui; Li, Zhengyu. ▼

Front Med (Lausanne) ; 8: 652505, 2021.

Artigo em Inglês | MEDLINE | ID: mdl-33898487

<https://www.frontiersin.org/articles/10.3389/fmed.2021.652505/full>

Estudo 6

Effectiveness of Dietary Interventions in the Treatment of Endometriosis: a Systematic Review.

Nirgianakis, Konstantinos; Egger, Katharina; Kalaitzopoulos, Dimitrios R; Lanz, Susanne; Bally, Lia; Mueller, Michael D. ▼

Reprod Sci ; 2021 Mar 24.

Artigo em Inglês | MEDLINE | ID: mdl-33761124

<https://link.springer.com/article/10.1007/s43032-020-00418-w>

Estudo 7

Laparoscopic surgery for endometriosis.

Bafort, Celine; Beebeejaun, Yusuf; Tomassetti, Carla; Bosteels, Jan; Duffy, James Mn. ▼

Cochrane Database Syst Rev ; 10: CD011031, 2020 10 23.

Artigo em Inglês | MEDLINE | ID: mdl-33095458

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011031.pub3/full>

Laparoscopic surgery for endometriosis

Estudo 8

The effects of nutrients on symptoms in women with endometriosis: a systematic review.

Huijs, Emma; Nap, Annamiek. ▼

Reprod Biomed Online ; 41(2): 317-328, 2020 Aug.

Artigo em Inglês | MEDLINE | ID: mdl-32600946

The effects of nutrients on symptoms in women with endometriosis

[https://www.rbmojournal.com/article/S1472-6483\(20\)30225-X/fulltext](https://www.rbmojournal.com/article/S1472-6483(20)30225-X/fulltext)

Estudo 9

Psychological and mind-body interventions for endometriosis: A systematic review.

Evans, Subhadra; Fernandez, Stephanie; Olive, Lisa; Payne, Laura A; Mikocka-Walus, Antonina. ▼

J Psychosom Res ; 124: 109756, 2019 09.

Artigo em Inglês | MEDLINE | ID: mdl-31443810

Psychological and mind-body interventions for endometriosis

<https://www.sciencedirect.com/science/article/abs/pii/S0022399919304295?via%3Dihub>

Dados harmonizados

<u>Interventions Group</u>	<u>Code</u>	<u>Interventions</u>	<u>Dados de referencia</u>
Comportamental		Atividade Física	
Farmacológica		<u>Dienogeste</u>	<u>Dienogest (DNG)</u>
Comportamental		Exercício	
Cirúrgica		Laparoscopia	<u>laparoscopic surgery</u>
Farmacológica		<u>Pentoxifilina</u>	<u>pentoxifylline</u>
		Psicoterapia	<u>psychological and mind-body (PMB) interventions - psychotherapy, relaxation and mindfulness</u>
Terapias Mente-Corpo		Relaxamento	
Terapias Mente-Corpo		Meditação	
Medicina <u>Herbária</u> Chinesa		<u>Salvia miltiorrhiza</u>	<u>Salvia miltiorrhiza-containing Chinese herbal medicine (CHM)</u>
Farmacológica		Moduladores Seletivos de Receptor Estrogênico	<u>selective oestrogen receptor modulators (SERMs)</u>
Nutricional		Dieta Livre de Glúten	<u>self-management strategy - Diet interventions - Gluten and soy</u>
Nutricional		Soja	<u>self-management strategy - Diet interventions - Gluten and soy</u>
Nutricional		Antioxidantes	<u>self-management strategy - Diet interventions - Antioxidants</u>
Nutricional		Medicamentos à Base de Vitaminas e Minerais	<u>self-management strategy - Diet interventions - combination of vitamins and minerals</u>
Nutricional		Ácidos Graxos	<u>self-management strategy - Diet interventions - Fatty Acids</u>
Nutricional		Suplementos Nutricionais	<u>supplementation with selected dietary components - dietary supplements</u>

6 grupos de
Intervenciones

16 tipos de
Intervenciones

Interventions Group	Code	Interventions
Cirúrgica	A1	Laparoscopia
Comportamental	B1	Atividade Física
	B2	Exercício
Farmacológica	C1	Dienogeste
	C2	Moduladores Seletivos de Receptor Estrogênico
	C3	Pentoxifilina
Fitoterapia	D1	Salvia miltiorrhiza
Nutricional	E1	Ácidos Graxos
	E2	Antioxidantes
	E3	Dieta Livre de Glúten
	E4	Medicamentos à Base de Vitaminas e Minerais
	E5	Soja
	E6	Suplementos Nutricionais
Terapias Mente-Corpo	F1	Meditação
	F2	Psicoterapia
	F3	Relaxamento

Desfechos (Outcomes)
Dismenorreia
Dispareunia
Dor pélvica
endometriosis-associated symptoms - decrease of endometriosis-associated biomarkers
endometriosis-associated symptoms - life quality
endometriosis-associated symptoms - pain
endometriosis-associated symptoms - Regression of endometriosis
increase in vaginal bleeding and weight gain (efeito adverso)
Intensidade da dor
maintenance treatment following conservative surgery for endometriosis - lower rate of disease recurrence
maintenance treatment following conservative surgery for endometriosis - pregnancy rates
management of endometriosis - clinical pregnancy rate - miscarriage rate
management of endometriosis - clinical pregnancy rate - live birth rate
management of endometriosis - overall pain
management of endometriosis - pain relief in surgically treated patients with endometriosis
pain, fertility or quality of life associated with endometriosis
postoperative endometriosis therapy - pregnancy rate
postoperative endometriosis therapy - Recorrência da Endometriose
treat endometriosis - related stress and fatigue.
treat endometriosis- related anxiety and depressive symptoms
treat endometriosis- related pain
treatment of pain and infertility - live birth
treatment of pain and infertility - reduces overall pain
treatment of pain and infertility -increases viable intrauterine pregnancy rates

Grupo de Desfechos	Code	Desfechos (Outcomes)
		Dismenorreia
		Dispareunia
		Dor pélvica
		endometriosis-associated symptoms - decrease of endometriosis-associated biomarkers
		endometriosis-associated symptoms - life quality
		endometriosis-associated symptoms - pain
		endometriosis-associated symptoms - Regression of endometriosis
		increase in vaginal bleeding and weight gain (efeito adverso)
		Intensidade da dor
		maintenance treatment following conservative surgery for endometriosis - lower rate of disease recurrence
		maintenance treatment following conservative surgery for endometriosis - pregnancy rates
		management of endometriosis - clinical pregnancy rate - miscarriage rate
		management of endometriosis - clinical pregnancy rate - live birth rate
		management of endometriosis - overall pain
		management of endometriosis - pain relief in surgically treated patients with endometriosis
		pain, fertility or quality of life associated with endometriosis
		postoperative endometriosis therapy - pregnancy rate
		postoperative endometriosis therapy - Recorrência da Endometriose
		treat endometriosis - related stress and fatigue.
		treat endometriosis- related anxiety and depressive symptoms
		treat endometriosis- related pain
		treatment of pain and infertility - live birth
		treatment of pain and infertility - reduces overall pain
		treatment of pain and infertility -increases viable intrauterine pregnancy rates

Grupo de Desfechos (Outcomes Group)	Code	Desfechos (Outcomes)	Dados de Referência
Fertilidade	M1	Aborto espontâneo	management of endometriosis - clinical pregnancy rate - miscarriage rate
	M2	Infertilidade	treatment of pain and infertility - reduces overall pain
			pain, fertility or quality of life associated with endometriosis
	M3	Taxa de nascidos vivos	management of endometriosis - clinical pregnancy rate - live birth rate
M4	Taxa de gravidez	postoperative endometriosis therapy - pregnancy rate	
		treatment of pain and infertility - increases viable intrauterine pregnancy rates	
		maintenance treatment following conservative surgery for endometriosis - pregnancy rates	
Manejo da doença	P1	Alívio da dor	management of endometriosis - overall pain
			treat endometriosis-related pain
			management of endometriosis - pain relief in surgically treated patients with endometriosis
	P2	Regressão da endometriose	endometriosis-associated symptoms - decrease of endometriosis-associated biomarkers
endometriosis-associated symptoms - Regression of endometriosis			
Manejo dos sintomas associados	Q1	Cansaço	treat endometriosis - related stress and fatigue
	Q2	Dismenorreia	Dismenorreia
	Q3	Dispareunia	Dispareunia
	Q4	Dor	Intensidade da dor
			endometriosis-associated symptoms - pain
			treatment of pain and infertility - live birth
Q5	Dor pélvica	pain, fertility or quality of life associated with endometriosis	
		Dor pélvica	

Planilha de Caracterização Mapa de Evidências "Tratamento da Endometriose"

Número	Título	Intervenções	Desfechos (Outcomes)	Efeito
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Atividade Física B1	Intensidade da dor Q4	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Atividade Física B1	Dismenorreia Q2	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Atividade Física B1	Dispareunia Q3	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Atividade Física B1	Dor pélvica Q5	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Exercício B2	Intensidade da dor Q4	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Exercício B2	Dismenorreia Q2	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Exercício B2	Dispareunia Q3	Inconclusivo
1	<u>Effect of physical activity and exercise on endometriosis-associated symptoms...</u>	Exercício B2	Dor pélvica Q5	Inconclusivo
2	<u>Salvia miltiorrhiza-Containing Chinese Herbal Medicine Combined With GnRH ...</u>	<i>Salvia miltiorrhiza</i> -containing Chinese herbal medicine (CHM) D1	postoperative endometriosis therapy - Recorrência da Endometriose T1	Positivo
2	<u>Salvia miltiorrhiza-Containing Chinese Herbal Medicine Combined With GnRH ...</u>	<i>Salvia miltiorrhiza</i> -containing Chinese herbal medicine (CHM) D1	postoperative endometriosis therapy - pregnancy rate M4	Positivo

Planilha de Caracterização Mapa de Evidências "Tratamento da Endometriose"

Number	Title	Interventions Group	Interventions	Outcomes Group	Outcomes	Effects
1	Effect of physical activity and exercise on endometriosis-associated symptoms: a systematic review	B	B1; B2	Q	Q2; Q3; Q4; Q5	Inconclusivo
2	Salvia miltiorrhiza-Containing Chinese Herbal Medicine Combined With GnRH Agonist for Postoperative Treatment of Endometriosis: A Systematic Review and meta-Analysis	D	D1	T	T1	Positivo
2	Salvia miltiorrhiza-Containing Chinese Herbal Medicine Combined With GnRH Agonist for Postoperative Treatment of Endometriosis: A Systematic Review and meta-Analysis	D	D1	M	M4	Positivo
3	Pentoxifylline for the treatment of endometriosis-associated pain and infertility	C	C3	M	M3	Não analisado
3	Pentoxifylline for the treatment of endometriosis-associated pain and infertility	C	C3	M	M1	Inconclusivo
3	Pentoxifylline for the treatment of endometriosis-associated pain and infertility	C	C3	P	P1	Inconclusivo
4	Selective oestrogen receptor modulators (SERMs) for endometriosis	C	C2	P	P1	Inconclusivo
5	Dienogest as a Maintenance Treatment for Endometriosis Following Surgery: A Systematic Review and Meta-Analysis	C	C1	T	T1	Positivo
5	Dienogest as a Maintenance Treatment for Endometriosis Following Surgery: A Systematic Review and Meta-Analysis	C	C1	M	M4	Sem Efeito
5	Dienogest as a Maintenance Treatment for Endometriosis Following Surgery: A Systematic Review and Meta-Analysis	C	C1	X	X1; X2	Efeito Adverso
6	Effectiveness of Dietary Interventions in the Treatment of Endometriosis: a Systematic Review	E	E6	Q	Q4	Potencial Positivo
6	Effectiveness of Dietary Interventions in the Treatment of Endometriosis: a Systematic Review	E	E6	S	S4	Potencial Positivo
6	Effectiveness of Dietary Interventions in the Treatment of Endometriosis: a Systematic Review	E	E6	P	P2	Potencial Positivo
7	Laparoscopic surgery for endometriosis	A	A1	P	P1	Inconclusivo
7	Laparoscopic surgery for endometriosis	A	A1	M	M3	Não analisado
7	Laparoscopic surgery for endometriosis	A	A1	M	M4	Positivo
8	The effects of nutrients on symptoms in women with endometriosis: a systematic review	E	E1; E2; E3; E4; E5	Q	Q4	Potencial Positivo
8	The effects of nutrients on symptoms in women with endometriosis: a systematic review	E	E1; E2; E3; E4; E5	M	M2	Potencial Positivo
8	The effects of nutrients on symptoms in women with endometriosis: a systematic review	E	E1; E2; E3; E4; E5	S	S4	Potencial Positivo
9	Psychological and mind-body interventions for endometriosis: A systematic review.	F	F1; F2; F3	Q	Q1; Q4	Potencial Positivo
9	Psychological and mind-body interventions for endometriosis: A systematic review.	F	F1; F2; F3	S	S1; S2; S3	Potencial Positivo



Datos a analizar en los estudios seleccionados para el Mapa
→ Aplicar lista controlada para llenar los campos

Plantilla – PLANTILLA DE CARACTERIZACIÓN

Título do Mapa:									
Number	Title	Interventions Group	Interventions	Outcomes Group	Outcomes	Effects	Population	Database	Id
	Título completo del estudio						Adultos		
		La intervención evaluada por el estudio, puede ser mas de una intervención				Positivo	Crianças		
						Potencial positivo	Adolescentes		
						Sem efeito	Adultos de Meia-Idade		
						Inconclusivo/Misturado	Idosos		
						Negativo	Diabéticos		
						Potencial negativo	Hipertensos		
						Não informado	População em Geral		
							Indivíduos com Câncer		
							Indivíduos com Doenças Cardiovasculares		
							Indivíduos com Doenças Crônicas		
							Grávidas		
							Indivíduos com Dor		
							Mulheres		
							Profissionais da Saúde		
							Indivíduos com Transtornos Mentais		





Paso 6 – Incluir a informação para cada elemento da planilha

- Atribuir número para os estudos que vão entrar no mapa
- Aplicar lista controlada para preenchimento dos campos

TEMPLATE – PLANILHA DE CARACTERIZAÇÃO – LISTA DE CONTROLE

Título do Mapa:									
Number	Title	Interventions Group	Interventions	Outcomes Group	Outcomes	Effects	Population	Database	Id
Focus Country	Publication Country	Publication Year	Type of Review	Review Design	Study Design	Confidence Level	Full Text	Citation	

Para analizar la calidad de los estudios incluidos...

Instrumentos para avaliar Revisões Sistemáticas

GRADE – revision sistemática quantitativa

ConQual – revisão sistemática qualitativa

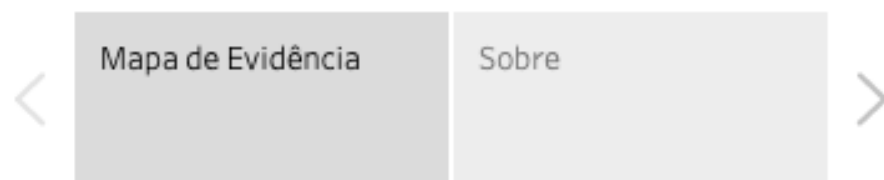
AMSTAR2 – amstar.ca/Amstar_Checklist.php

MMAT – revision mista

Para identificar los gaps del
mapa de evidencias y elaborar
los relatórios...

Mapa de Evidência - Efetividade Clínica da Acupuntura

BIREME/OPAS/OMS



Tipo de Revisão

(Tudo) ▼

Desenho dos Estudos

(Tudo) ▼

País/Região Foco

(Tudo) ▼

Efeitos

(Tudo) ▼

Revisões selecionadas: 170

Intervenções		Desfechos	Asma	Dermatopatias	Doença Alzheimer	Doença de Parkinson	Doença Pulmonar Obstrutiva Crônica	Fibromialgia	Hiperplasia Prostática Benigna	Hipertensão
Acupuntura	Em Adolescentes									
	Em Adultos									
	Em Crianças									
	Em Geral									

Mapa de Evidências
sobre a Efetividade Clínica
da Homeopatia

INFORME EXECUTIVO

Dezembro 2022



Mapa de Evidências
sobre a Efetividade Clínica
da Aromaterapia

INFORME EXECUTIVO

Setembro 2022

Milenar,
precisa e
efetiva



Mapa de Evidências
sobre a Efetividade Clínica
da Ventosaterapia

INFORME EXECUTIVO

Setembro 2022

Tradicional
segura e
eficiente.

Mapa de Evidências sobre a
Efetividade Clínica das Plantas
Medicinais Brasileiras

INFORME EXECUTIVO

Dezembro 2022

Ancestral
e natural



Mapa de Evidências
sobre a Efetividade Clínica
da Moxabustão

INFORME EXECUTIVO

Setembro 2022

Ancestral,
versátil
e eficaz.



Mapa de Evidências
sobre a Efetividade Clínica
da Apiterapia

INFORME EXECUTIVO

Setembro 2022

Ancestral,
natural e
eficiente.

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Muchas Gracias!