



BIREME • OPAS • OMS
1967 - 2022
55



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

Mapa de Evidencias (Búsqueda y Selección de Estudios)

Verônica Abdala
Bibliotecóloga, gerente Productos
y Servicios de Información, BIREME/OPS/OMS
abdalave@paho.org

Mariana Cabral Schveitzer, PhD
Profesora Escola Paulista de Medicina, UNIFESP
Consórcio Acadêmico Brasileiro de Saúde Integrativa, CABSIN
mariana.cabral@unifesp.br

Juego de Investigación

Elije um jugador:

- 1) El Matemático - le gustan los números
- 2) La enfermera - le gustan las historias
- 3) El centauro- le gustan los números y las historias.



Hacer todos los pasos del juego :



Mapa de Evidencias

Mostrando cómo se hace...

1 Search

2 Selection

3 Categorization

4 Infometrics

5 Evidence map

6 Gaps

TEMA 1: APS y REDES de prestación de servicios con enfoque en Interculturalidad

Cómo abordar diferencialmente a las poblaciones en cuanto a la prestación de los servicios de salud?

- Descentralización en la implementación y gestión de las redes integradas de salud
- Modelos de atención a población indígena

Ministerio de Salud

- Oficina de Promoción Social:
 - Angélica María Rojas Bárcenas
 - Damián Leonardo Quiroga Diaz
 - Carlos Andrés Acevedo Montoya.
- Dirección de Prestación de Servicios y Atención Primaria-Grupo APS:
 - Octavio Henao Henao
- Desarrollo de Talento Humano en Salud:
 - Carlos Arturo Guzmán

OPS/OMS

- Consultor en Asunto éticos e interculturales
 - Juan Arboleda

Bibliotecólogos:

- Universidad de los Andes
 - José Leonardo Monrroy
- Universidad FUCS
 - Jeyson Arismendy



¿Qué variables queremos trabajar? intentar separar las variables relacionadas al problema, a intervenciones y a los hallazgos >

P – profesionales de salud, usuarios de servicios de salud, población indígena, población afrodescendiente, LGBTQ+, migrantes

I – Intervenciones – atención intercultural, atendimiento humanizado, atención centrada en el paciente

O (Outcomes/Hallazgos) – satisfacción del paciente, calidad de la atención, vínculo

TEMA 2: APS y REDES Prestación de servicios de SALUD MENTAL (control sustancias Psicoactivas)

¿Qué opciones de base comunitaria pueden ser efectivas para la prevención, promoción y rehabilitación psicosocial de usuarios de sustancias psicoactivas?

→ Regulación del consumo

Ministerio de Salud

- Dirección de Promoción y Prevención:
 - Bibian Yiseth Moreno Mayorga
 - Nelly Yomar González González
 - Luis Eduardo Correa Perdomo.
- Oficina de Promoción Social:
 - Juliana Adames Vargas
- Dirección de Prestación de Servicios y Atención Primaria:
 - Luis Guillermo González
- Desarrollo de Talento Humano en Salud:
 - Nathaly Rozo.

OPS/OMS

- Consultores Nacionales en Salud Mental
 - Luz Salazar
 - Leonardo García

Bibliotecóloga:

- Universidad FUCS
 - Lorena Niño



¿Qué variables queremos trabajar? intentar separar las variables relacionadas al problema, a intervenciones y a los hallazgos >

P – profesionales de salud, usuarios de servicios de salud, usuarios de sustancias psicoactivas

I – Intervenciones de base comunitaria, Atención Primaria

O (Outcomes/Hallazgos) – Prevención, Promoción y Rehabilitación psicosocial

TEMA 3: FINANCIAMIENTO Y FUNCIONAMIENTO DE LAS RIIS (funciones administrativas) marco de reforma y de transición

Gestión del presupuesto para la implementación y funcionamiento de las redes integradas de salud.

- Financiamiento de los sistemas de salud
- Diseño del flujo de recursos desde la asignación de fondos hasta la prestación de los servicios de salud

Ministerio de Salud

- Viceministerio de Protección Social:
 - John Edisson Betancur
- Dirección de Regulación del Aseguramiento en Salud, Pensiones y Riesgos Laborales:
 - Angela Lucia Barrios Díaz
- Dirección de Prestación de Servicios y Atención Primaria - Subdirección de Prestación de Servicios:
 - Catherine Ramírez
- Dirección de Desarrollo del Talento Humano en Salud:
 - Fredy Armindo Camelo Tovar
- Dirección de Calidad
 - Cesar Augusto Quintero.

OPS/OMS

- Asesor en Sistemas y Servicios de Salud
 - Yeison Campos

Bibliotecólogos:

- Ministerio de Salud
 - Eliana Matallana
- Universidad – FUCS
 - Edwin Tarquino



¿Qué variables queremos trabajar? intentar separar las variables relacionadas al problema, a intervenciones y a los hallazgos >

P – profesionales de salud, usuarios de servicios de salud, gestores

I – Intervenciones – financiamiento, implementación y funcionamiento de las redes integradas de salud

O (Outcomes/Hallazgos) – satisfacción del usuario, calidad de la atención, costo, integralidad

TEMA 4: Fortalecimiento de la Gobernanza de la salud en el marco de la RIIS en los territorios

Experiencias de otros países en la implementación de las redes integradas de salud

→ Redes integradas de salud que concentran su potencial resolutivo en el primer nivel de atención

Ministerio de Salud

- Viceministerio de Protección Social
 - Hernán Darío Aguilar Ramírez (Asesor)
- Oficina de Promoción social:
 - Juan Pablo Castro Isidio
- Dirección de Desarrollo del Talento Humano en Salud:
 - Natalia Sofia Aldana Martínez
- Grupo Atención Primaria en Salud de la Dirección de Prestación Servicios:
 - Lisbeth Astrid Flórez Martínez
- Dirección de Prestación de Servicios, Subdirección de Prestación de Servicios
 - Dra. Miryam Ruíz
- Dirección de Regulación del Aseguramiento en Salud, Pensiones y Riesgos Laborales:
 - Ana Milena Montes

OPS/OMS

- Asesor en Sistemas y Servicios de Salud
 - Juan Fernando García

Bibliotecólogos:

- Universidad FUCS
 - Jorge Rojas
 - Martha Correa



¿Qué variables queremos trabajar? intentar separar las variables relacionadas al problema, a intervenciones y a los hallazgos >

P – profesionales de salud, usuarios de servicios de salud, gestores

I – Intervenciones – gobernanza de las redes integradas de salud

O (Outcomes/Hallazgos) – satisfacción del usuario, calidad de la atención, costo, integralidad

3↔4

TEMA 5: Fortalecimiento de los mecanismos de participación vinculante de la ciudadanía en la gestión del cambio y la calidad en RIIS y APS

Participación ciudadana en el diseño y desarrollo de las redes integradas de atención

Ministerio de Salud

- Dirección de Regulación del Aseguramiento en Salud, Pensiones y Riesgos Laborales:
 - Carolina Restrepo
- Oficina de Calidad
 - Carlos Antonio Botero Botero
- Oficina de Promoción Social
 - Luz Helena Montenegro
 - Diana Casadiego
- Desarrollo de Talento Humano:
 - Carolina Manosalva
- Dirección de Prestación de Servicios y Atención Primaria:
 - Gloria Edith Villota

OPS/OMS

- Consultor

Bibliotecólogos:

- Universidad del Valle
 - María Teresa Alarcón
- Universidad - FUCS
 - Marisol Goyeneche



¿Qué variables queremos trabajar? intentar separar las variables relacionadas al problema, a intervenciones y a los hallazgos >

P – profesionales de salud, usuarios de servicios de salud

I – Intervenciones – atención intercultural, atendimiento humanizado, atención centrada en el paciente

O (Outcomes/Hallazgos) – satisfacción del usuario, calidad de la atención, vínculo, participación

1↔5



Búsqueda bibliográfica y selección de estudios

→ Paso 1 - Definición del alcance y criterios de selección de los estudios

La definición del alcance temático del mapa o la pregunta que se desea responder con la evidencia, para luego establecer los criterios de selección de los estudios.
(PROTOCOLO DE LA INVESTIGACIÓN)

TEMA 2: APS y REDES Prestación de servicios de SALUD MENTAL (control sustancias Psicoactivas)

¿Qué opciones de base comunitaria pueden ser efectivas para la prevención, promoción y rehabilitación psicosocial de usuarios de sustancias psicoactivas?

→ Regulación del consumo

¿Qué sustancias psicoactivas?

Búsqueda bibliográfica y selección de estudios

→ Paso 2 – Búsqueda bibliográfica sistemática y transparente
Elaboración de las estrategias de búsqueda bibliográfica en las principales bases de datos y sistemas de información en salud. Todo el proceso de búsqueda bibliográfica debe ser sistemático y debidamente documentado.



PubMed



Embase

Google

...



TEMA 2: APS y REDES Prestación de servicios de SALUD MENTAL (control sustancias Psicoactivas)

¿Qué opciones de base comunitaria pueden ser efectivas para la prevención, promoción y rehabilitación psicosocial de usuarios de sustancias psicoactivas?

→ Regulación del consumo

Consumo de sustancias psicoactivas

Sustancias psicoactivas
Psychoactive substances
Trastornos Relacionados con Sustancias
Codependencia Psicológica
Psicosis Alcohólicas
Sobredosis de Droga
Trastornos Inducidos por Narcóticos
Trastornos Relacionados con Sustancias
Substance-Related Disorders
Substance use disorders
Substance dependence
...

Intervenciones base comunitaria

Centros de atención primaria
Primary health care
Primary health
primary care
Integración – redes de atención primaria
Redes de prestadores de servicios comunitarios
Equipos de salud territorial
Acciones de regulación
Servicios comunitarios
Participación de la Comunidad
community-based
Servicios de Salud Comunitaria
Community Health Services
Modelo integral de intervención
...

Rehabilitación psicosocial

Rehabilitación psicosocial
...



1 Accesar a la BVS en:

<http://bvsalud.org>

The screenshot shows the BVS search interface. At the top left is the BVS logo and the text "Portal Regional da BVS Informação e Conhecimento para a Saúde". At the top right are logos for OPAS, Organização Pan-Americana da Saúde, Organização Mundial da Saúde, and BIREME. Below the header is a search bar containing the query: "((Endometriose OR Endometriosis OR Endometrioma OR Endometriomas OR Endometrios)". To the right of the search bar is a blue search button with a magnifying glass icon. Below the search bar are two links: "Busca avançada" and "DeCS/MeSH". A large orange rectangular box with rounded corners is overlaid on the page, containing the text "Copiar y pegar aqui la expresión de búsqueda". Two red arrows point from the number "2" to the search bar and from the number "3" to the search button, indicating where to copy the search expression.

2

3

Copiar y pegar aqui la
expresión de búsqueda



Localizar descritor de assunto

Busca Avançada

EVID@Easy

Título, resumo, assunto



((Endometriose OR Endometriosis OR Endometrioma OR Endometriomas OR Endometrioses) AND (T... (19.472)



Home

/ Pesquisa

Ordenar por

Mostrar: 20 | 50 | 100

Resultados 1 - 20 de 19.472

Resultado sin filtro

Ver mais detalhes

ENVIAR RESULTADO:

Email

Exportar

Imprimir

RSS

XML

Tipo de estudo

- Relato de casos (3760)
- Ensaio clínico controlado (1538)
- Estudo prognóstico (600)
- Fatores de risco (557)
- Revisão sistemática (530)
- Estudo observacional (509)
- Estudo de incidência (456)
- Guia de prática clínica (368)
- Estudo diagnóstico (344)
- Estudo de prevalência (331)

4

**Aplicar el filtro tipo de
estudio – Revisión
Sistemática**

- 1. Pre-operative mapping and structured reporting of pelvic endometriotic lesions on dynamic ultrasound and its correlation on laparoscopy using the #ENZIAN classification.
Bindra, Vimee; Madhavi, Nori; Mohanty, Girija Shankar; Nivya, K; Balakrishna, N.
Arch Gynecol Obstet; 2022 Mar 14.
Artigo em Inglês | MEDLINE | ID: mdl-35286430

- 2. The importance of diaphragmatic surgery, chemical pleurodesis ormonal therapy in preventing recurrence in thorax: a retrospective cohort study.
Chi, Angelo Paolo; Grani, Giorgio; Sanna, Stefano;



Portal Regional da BVS

Informação e Conhecimento para a Saúde

português español english français

Localizar descriptor de assunto

Busca Avançada

EVID@Easy

Título, resumo, assunto



((Endometriose OR Endometriosis OR Endometrioma OR Endometriomas OR Endometrioses) AND (T... (530)



Home / Pesquisa / ((Endometriose OR Endometriosis OR Endometrioma OR Endometriomas OR Endometrioses) AND (T... (530)

Ordenar por

Mostrar: 20 | 50 | 100

Resultado con filtro

30

Mais filtros

Filtrar

Filtros aplicados

Limpar todos

• Tipo de estudo

◦ Revisão sistemática
(remover)

Texto completo (433)

Base de dados

- 1. Impact of diet on pain perception in women with endometriosis:
A systematic review.

Sverrisdóttir, Una Áslaug; Hansen, Sara; Rudnicki, Martin

Eur J Obstet Gynecol Reprod Biol; 2013

Artigo em Inglês | MEDLINE | ID: mdl-

- 2. Beyond depression and anxiety: the role of corticotropin-releasing hormone antagonists in diseases of the pelvic and abdominal organs.

Pagán-Busigó, Joshua E; López-Carrasquillo, Jonathan; Appleyard, Caroline B;
Torres-Reverón, Annelyn.

Ver mais detalhes

ENVIAR RESULTADO:

Email

Exportar

Imprimir

RSS

XML

5
Seleccionar la opción para
exportar los registros
recuperados en la
búsqueda con el filtro

Localizar descritor de assunto

Busca Avançada

EVID@Easy

Título, resumo, assunto



((Endometriose OR Endometriosis OR Endometrioma OR Endometriotic))



Exportar

6

Formato de exportação:

RIS (Reference Manager, ProCite, EndNote, etc)

CSV (Excel, etc)

Citação

Exportar:

Esta página

Referências selecionadas (0)

Todas as referências

Escojer formato RIS y
todas las referencias

Home / Pesquisa / ((En

Mais filtros

Filtrar

Filtros aplicados

Limpar todos

- Tipo de estudo

- Revisão sistemática
(remover)

Artigo em Inglês | MEDLINE | ID: mdl-35245715

- 2. Beyond depression and anxiety; a systematic review about the role of corticotropin-releasing hormone antagonists in diseases

Ver mais detalhes

ENVIAR RESULTADO:

Email

Exportar

Imprimir

RSS



55
1967 - 2022



<https://rayyan.qcri.org>

Usuario ya registrado

The image shows the Rayyan homepage with a purple header. The header includes the Rayyan logo, navigation links for Home, Teams+, Resources, Pricing, and a Sign In button. A red arrow points to the 'Sign In' button. Below the header, there's a large white text area with the words 'FASTER SYSTEMATIC REVIEWS'. To the right of this text is a central graphic featuring five circular profile pictures of diverse individuals connected by dotted lines. In the center of these connections is a cluster of four devices (laptop, tablet, smartphone, and desktop monitor) displaying the Rayyan software interface. The bottom right corner of the page features a large blue '55' with smaller text 'SCREME + QPAS + OMS' above it.

rayyan

Home Teams+ Resources Pricing Sign In TALK TO SALES GET STARTED

FASTER SYSTEMATIC REVIEWS

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Usuario ya registrado

Sign In

TALK TO SALES

GET STARTED

SCREME + QPAS + OMS

55



Usuario registrado - Sign In

Sign In

Email

abdalave@paho.org

Password

.....

Remember me

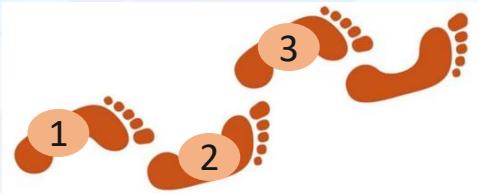
[Forgot your password?](#)

Want to use your company or school account?

[Sign in with Enterprise ID](#)

Sign In

Don't have an account? [Sign up!](#)



Cuadro de las Revisiones

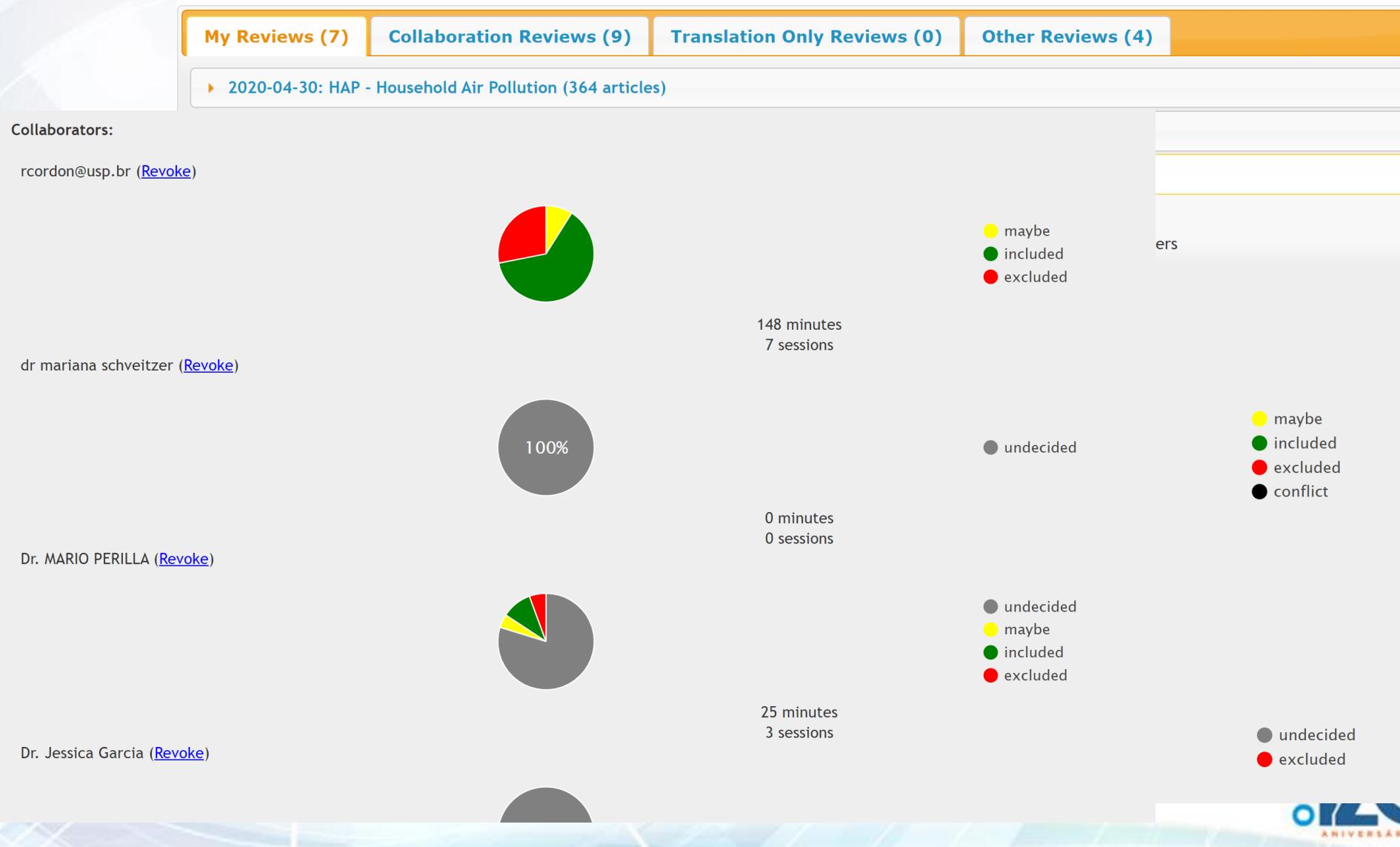
Revislones creadas por el usuário

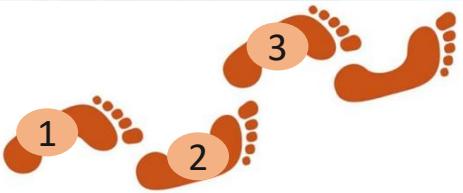
My Reviews (7) **Collaboration Reviews (9)** Translation Only Reviews (0) Other Reviews (4)

- ▶ 2020-04-30: HAP - Household Air Pollution (364 articles)
- ▶ 2020-04-30: Open Defecation (136 articles)
- ▶ 2020-03-31: Manejo Clínico COVID19 (89 articles)
- ▶ 2020-03-29: Salud Mental COVID19 (209 articles)
- ▶ 2020-03-28: Respuesta Immunología COVID19 (334 articles)
- ▶ New review...

[Show archived reviews](#)

Quadro geral das contribuições de cada membro do grupo





Quadro das Revisões

My Reviews (7) Collaboration Reviews (9) Translation Only Reviews (0) Other Reviews (4)

- ▶ 2020-04-30: HAP - Household Air Pollution (364 articles)
- ▶ 2020-04-30: Open Defecation (136 articles)
- ▶ 2020-03-31: Manejo Clínico COVID19 (89 articles)
- ▶ 2020-03-29: Salud Mental COVID19 (209 articles)
- ▶ 2020-03-28: Respuesta Immunología COVID19 (334 articles)
- ▶ New review...

[Show archived reviews](#)

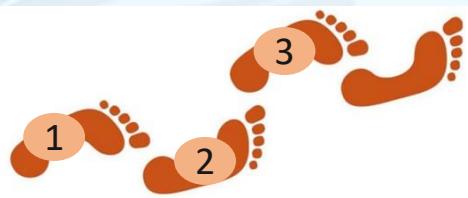
My Reviews (7) Collaboration Reviews (9) Translation Only Reviews (0) Other Reviews (4)

A viewer can see all the articles in the review but cannot add, delete, label or include/exclude any

- ▶ 2020-04-08: Laser Terapia - MTCTI (331 articles)
- ▶ [Public] 2020-03-28: Review containing the "COVID-19 Open Research Dataset" metadata (63571 articles)
- ▶ [Public] 2014-04-15: EMOLLIENTS 4984 (4935 articles)

[Show archived reviews](#)

Revisões abertas por outros e o
usuário es colaborador



Quadro das Revisões

Criar uma nova Revisão

My Reviews (7)

Collaboration Reviews (9)

Translation Only Reviews (0)

Other Reviews (4)

- ▶ 2020-04-30: HAP - Household Air Pollution (364 articles)
- ▶ 2020-04-30: Open Defecation (136 articles)
- ▶ 2020-03-31: Manejo Clínico COVID19 (89 articles)
- ▶ 2020-03-29: Salud Mental COVID19 (209 articles)
- ▶ 2020-03-28: Respuesta Immunología COVID19 (334 articles)

▼ New review...

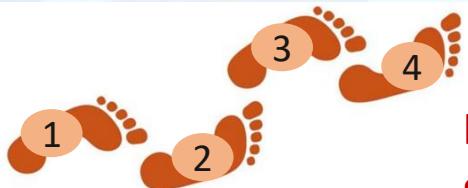
Title

Competência Cultural da Salud

(Optional) Description

Competência cultural em
salud como ferramenta
para el cuidado com os
povos indígenas do
mundo: desafios para
melhor assistência

Create



Importar Referências para serem avaliadas e selecionadas por um grupo de colaboradores a partir de critérios pré-definidos

Review was successfully created

New search for Review: Competência Cultural da Saúde

Upload References Topic search

Select files... Cancel

Continue

Selezione o arquivo a ser importado com as referências dos estudos

Em geral, as referências bibliográficas de estudos são exportadas de bases de dados ou sistemas de informação, nos formatos aceitos no Rayyan

Migration Guides

Supported formats

Upload references in one of these text formats:

- EndNote Export ([download example.enw](#))
- Refman/RIS ([download example.ris](#))
- BibTeX ([download example.bib](#))
- CSV ([download example.csv](#))
- PubMed XML ([download example.xml](#))
- Web of Science/CIW ([download example.ciw](#))

Additionally, you can embed any of the above text files into:

- Text ([download example.txt](#))
- Microsoft Word ([download example.docx](#))
- GZ compressed file ([download example.ris.gz](#) or [evidencelive15.ris.gz](#))

Finally, you can group any number of the above files in a single ZIP archive ([download example.zip](#))

► EndNote Desktop guide
► Mendeley Desktop guide



Importar Referências para serem avaliadas e selecionadas por um grupo de colaboradores a partir de critérios pré-definidos

New search for Review: Competência Cultural da Saúde

Selezione o arquivo a ser importado com as referências dos estudos

Upload References **Topic search**

Select files... Cancel

Continue

New search for Review: Competência Cultural da Saúde

Upload References **Topic search**

Select files... Cancel

• competencia_cultural_indigena_bvs.ris

Continue

Migration Guides

Supported formats

Upload references in one of these

- EndNote Export ([download](#))
- Refman/RIS ([download.exe](#))
- BibTeX ([download example](#))
- CSV ([download example.cs](#))
- PubMed XML ([download ex](#))
- Web of Science/CIW ([down](#))

Additionally, you can embed any [.gz](#)

Finally, you can group any number of the above files in a single ZIP archive ([download example.zip](#))

► EndNote Desktop guide
► Mendeley Desktop guide



Avaliar e selecionar os estudos de acordo com os critérios previamente estabelecidos

Inclusion decisions

Undecided	311
Maybe	0
Included	0
Excluded	0

Search methods [Add new]

Uploaded References [co... 311]

Keywords for include [Add new]

compared with	5
controlled trial	3
randomised	3
randomised controlled trial	2
randomized controlled trial	1
randomly assigned	1
assigned to	1
randomized	1
randomly	1
placebo	1

Keywords for exclude [Add new]

systematic review	10
literature review	9
reviews	9
case report	1

Topics

Masculino

2020-05-25: Competência Cultural da Saúde

Detect duplicates Compute ratings Export New search All reviews

Search: id or title or abstract or author

Date Title Authors Rating

2020-01-01 Supporting holistic care for patients with tuberculosis in a remote Indigenous com... Miller, Andrea; Cairns, Alice;...

2020-01-01 An Approach to Improve Dementia Health Literacy in Indigenous Communities. Webkamigad, Sharlene; War...

2019-01-01 Strategies to support culturally safe health and wellbeing evaluations in Indigenous... Cargo, Margaret; Potaka-Os...

2019-01-01 Relational continuity of oral health care in Indigenous communities: a qualitative st... Shrivastava, Richa; Couturie...

2019-01-01 Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hos... Quilty, Simon; Wood, Lisa; S...

Include **Maybe** **Exclude** Reason Label **Highlights ON** **Upload PDF full-texts**

Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand: a concept mapping study.

BACKGROUND: In recent decades, financial investment has been made in health-related programs and services to overcome inequities and improve Indigenous people's wellbeing in Australia and New Zealand. Despite policies aiming to 'close the gap', limited evaluation evidence has informed evidence-based policy and practice. Indigenous leaders have called for evaluation stakeholders to align their practices with Indigenous approaches. **METHODS:** This study aimed to strengthen culturally safe evaluation practice in Indigenous settings by engaging evaluation stakeholders, in both countries, in a participatory concept mapping study. Concept maps for each country were generated from multi-dimensional scaling and hierarchical cluster analysis. **RESULTS:** The 12-cluster Australia map identifies four cluster regions: An Evaluation Approach that Honours Community; Respect and Reciprocity; Core Heart of the Evaluation; and Cultural Integrity of the Evaluation. The 11-cluster New Zealand map identifies four cluster regions: Authentic Evaluation Practice; Building Maori Evaluation Expertise; Integrity in Maori Evaluation; and Putting Community First. Both maps highlight the importance of cultural integrity in evaluation. Differences include the distinctiveness of the 'Respecting Language Protocols' concept in the Australia map in contrast to language being embedded within the cluster of 'Knowing Yourself as an Evaluator in a Maori Evaluation Context' in the New Zealand map. Participant ratings highlight the importance of...

carmen ?

Inclusion decisions

Undecided	311
Maybe	0
Included	0
Excluded	0

Search methods [Add new]

- Uploaded References [co... 311]

Keywords for include [Add new]

- compared with 5
- controlled trial 3
- randomised 3
- randomised controlled trial 2
- randomized controlled trial 1
- randomly assigned
- assigned to randomized
- randomized 1
- randomly 1
- placebo 1

Keywords for exclude [Add new]

- systematic review 10
- literature review 9
- reviews 9
- case report 1

Topics

- Masculino

2020-05-25: Competência Cultural da Saúde

Showing 1 to 6 of 311 unique entries

Date Title Authors Rating

2020-01-01 Supporting holistic care for patients with tuberculosis in a remote Indigenous com... Miller, Andrea; Cairns, Alice;...

2020-01-01 An Approach to Improve Dementia Health Literacy in Indigenous Communities. Webkamigad, Sharlene; War...

2019-01-01 Strategies to support culturally safe health and wellbeing evaluations in Indigenous... Cargo, Margaret; Potaka-Os...

2019-01-01 Relational continuity of oral health care in Indigenous communities: a qualitative st... Shrivastava, Richa; Couturie...

2019-01-01 Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hos... Quilty, Simon; Wood, Lisa; S...

Include

? Maybe

Exclude

Reason

Label

Highlights ON

Upload PDF full-texts

Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand: a concept map

Reason

Add

- + background article
- + foreign language
- + wrong drug
- + wrong outcome
- + wrong population
- + wrong publication type
- + wrong study design
- + wrong study duration

Inclusion decisions	
Undecided	311
Maybe	0
Included	0
Excluded	1

Search methods [Add new]	
Uploaded References [co...]	311

Keywords for include [Add new]	
compared with	5
controlled trial	3
randomised	3
randomised controlled trial	2
randomized controlled trial	1
randomly assigned	1
assigned to	1
randomized	1
randomly	1
placebo	1

Keywords for exclude [Add new]	
systematic review	10
literature review	9
reviews	9
case report	1

2020-05-25: Competência Cultural da Saúde

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2020-01-01	An Approach to Improve Dementia Health Literacy in Indigenous Communities.	Webkamigad, Sharlene; War...	
2019-01-01	Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand: a concept mapping study.	Cargo, Margaret; Potaka-Os...	
2019-01-01	Relational continuity of oral health care in Indigenous communities: a qualitative st...	Shrivastava, Richa; Couturie...	
2019-01-01	Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hos...	Quilty, Simon; Wood, Lisa; S...	



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Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand: a concept mapping study.

BACKGROUND: In recent decades, financial investment has been made in health-related programs and services to overcome inequities and improve Indigenous people's wellbeing in Australia and New Zealand. Despite policies aiming to 'close the gap', limited evaluation evidence has informed evidence-based policy and practice. Indigenous leaders have called for evaluation stakeholders to align their practices with Indigenous approaches. **METHODS:** This study aimed to strengthen culturally safe evaluation practice in Indigenous settings by engaging evaluation stakeholders, in both countries, in a participatory concept mapping study. Concept maps for each country were generated from multi-dimensional scaling and hierarchical cluster analysis. **RESULTS:** The 12-cluster Australia map identifies four cluster regions: An Evaluation Approach that Honours Community; Respect and Reciprocity; Core Heart of the Evaluation; and Cultural Integrity of the Evaluation. The 11-cluster New Zealand map identifies four cluster regions: Authentic Evaluation Practice; Building Maori Evaluation Expertise; Integrity in Maori Evaluation; and Putting Community First. Both maps highlight the importance of cultural integrity in evaluation.

Cuadro resumen del proceso de evaluación de los estudios

Inclusion decisions

Undecided	305
Maybe	1
Included	4
Excluded	1

Minimum collaborator decisions

At least 1	5
At least 2	0

Maximum collaborator decisions

At most 0	306
At most 1	311

Search methods [Add new]

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Keywords for include [Add new]

trial	6
compared with	5
controlled trial	3
randomised	3
randomised controlled trial	2
randomized controlled trial	1
randomly assigned	1
assigned to	1

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Date	Title	Authors	Rating
2020-01-01	carmen Supporting holistic care for patients with tuberculosis in a remote Indigenous community: a qualitative study	Miller, Andrea; Cairns, Alice; ...	
2020-01-01	carmen wrong outcome An Approach to Improve Dementia Health Literacy in Indigenous communities: a qualitative study	Webkamigad, Sharlene; War... ...	
2019-01-01	carmen Strategies to support culturally safe health and wellbeing evaluations in Indigenous communities: a concept mapping study	Cargo, Margaret; Potaka-Os...	
2019-01-01	carmen Relational continuity of oral health care in Indigenous communities: a qualitative study	Shrivastava, Richa; Couturie...	

É possível carregar texto completo do estudo

Include **Maybe** **Exclude** **Reason** **Label** **Highlights ON** **Upload PDF full-texts**

Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand: a concept mapping study.

BACKGROUND: In recent decades, financial investment has been made in health-related programs and services to overcome inequities and improve Indigenous people's wellbeing in Australia and New Zealand. Despite policies aiming to 'close the gap', limited evaluation evidence has informed evidence-based policy and practice. Indigenous leaders have called for evaluation stakeholders to align their practices with Indigenous approaches. **METHODS:** This study aimed to strengthen culturally safe evaluation practice in Indigenous settings by engaging evaluation stakeholders, in both countries, in a participatory concept mapping study. Concept maps for each country were generated from multi-dimensional scaling and hierarchical cluster analysis. **RESULTS:** The 12-cluster Australia map identifies four cluster regions: An Evaluation Approach that Honours Community; Respect and Reciprocity; Core Heart of the Evaluation; and Cultural Integrity of the Evaluation. The 11-cluster New Zealand map identifies four cluster regions: Authentic Evaluation Practice; Building Maori Evaluation Expertise; Integrity in Maori Evaluation; and Putting Community First. Both maps highlight the importance of cultural integrity in evaluation.

carmen ?

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2020-01-01	carmen wrong outcome An Approach to Improve Dementia Health Literacy in Indigenous settings. Webkamigad, Sharlene; War... carmen		
2019-01-01	carmen Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings. Cargo, Margaret; Potaka-Os... carmen		
2019-01-01	carmen Relational continuity of oral health care in Indigenous communities: a qualitative study. Shrivastava, Richa; Couturie... carmen		

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Reason

Label

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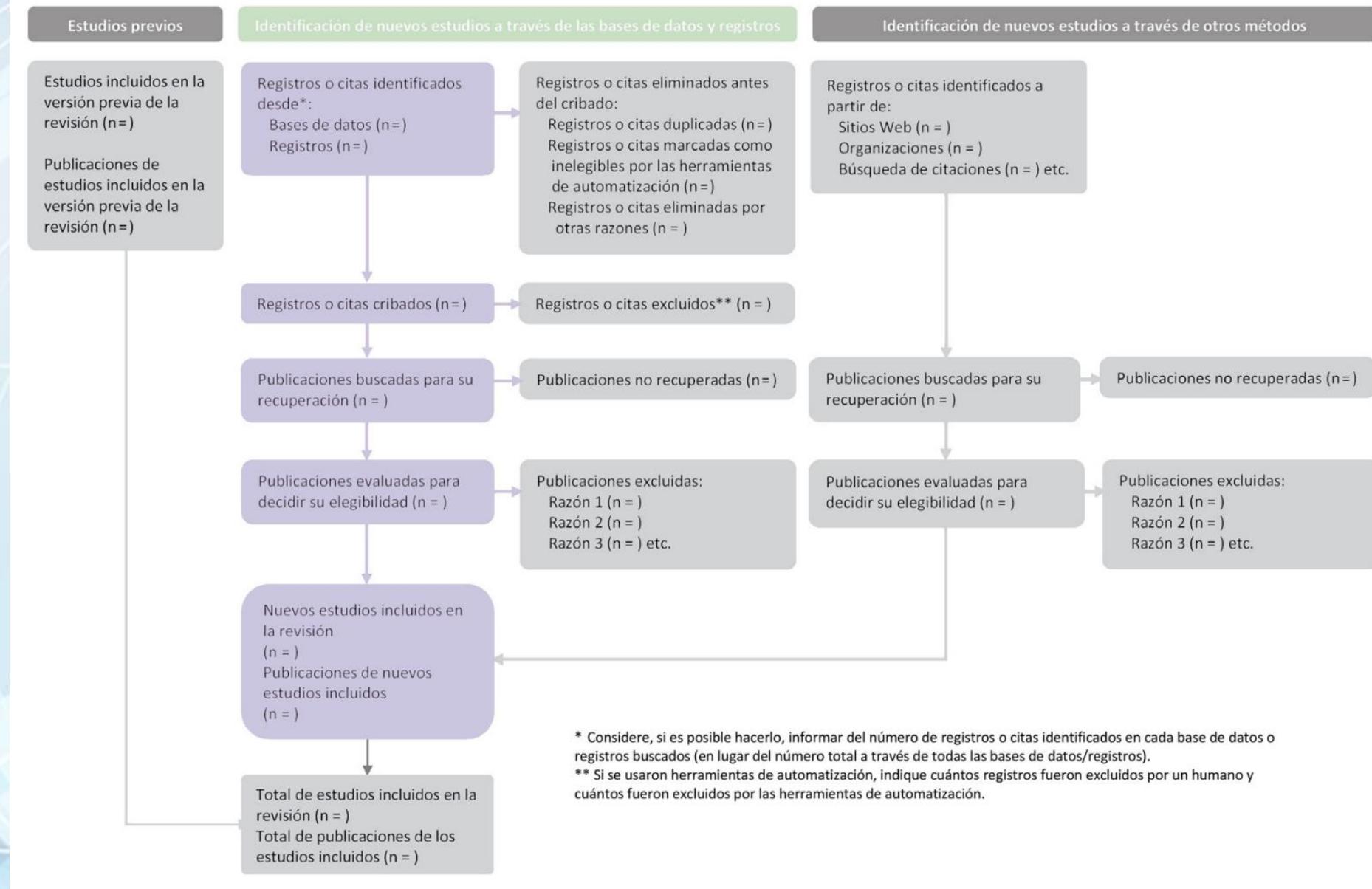
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OPAS 120 ANIVERSÁRIO 1887-2007 55

Utilizar un diagrama para
apresentar los artículos
seleccionados, excluídos e
incluídos...



* Considere, si es posible hacerlo, informar del número de registros o citas identificados en cada base de datos o registros buscados (en lugar del número total a través de todas las bases de datos/registros).

** Si se usaron herramientas de automatización, indique cuántos registros fueron excluidos por un humano y cuántos fueron excluidos por las herramientas de automatización.

https://prisma-statement.org/documents/PRISMA_2020_Spanish.pdf

Para caracterizar los artículos
incluídos...

Caracterização da Evidência (dos Estudos)

Principais Asociações

Intervenção

Pode ser de uma técnica, procedimento, atividade ou qualquer ação, seja de natureza clínica, farmacológica, psicológica, ambiental, comportamental, educativa etc.

Desfecho

Os desfechos estão diretamente relacionados à aplicação das intervenções. Pode ser uma situação, condição ou problema clínico, físico, comportamental, metabólico, etc.

Efeito

É o efeito es o resultado reportado no estudo para cada intervenção associada ao desfecho. Qual foi o resultado da intervenção para el desfecho?

População-alvo

População que foi população-alvo da intervenção e desfecho analisado no estudo.

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 pain and reduced quality of life. Treatment modalities such as hormones and surgery have limitations at all dimensions of the problems caused by endometriosis, and physical activity (PA) and exercise have been used 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 included 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 three showed fatal design flaws and so were excluded. Three studies, two randomized controlled trials (RCTs) 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 one to 12 sessions per week for a total duration of 8–24 weeks, with or without supervision. Only one study found improvements in pain intensity. One study showed decreases in stress levels. Due to the heterogeneity of the study outcomes and the presence of 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.

Original article

Open Access

Review

Systematic review

Randomized controlled trial

Qualitative study

Case report

Case series

Case-control study

Case report series

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 a therapeutic approach for women with endometriosis-associated symptoms [10] that defines endometriosis causes damage to organs and, ultimately leading to CPP. This mechanism makes it plausible for the use of PA and exercise to impede the development of the disease and ameliorate the associated symptoms.

PA and exercise were introduced to treat 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

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 muscle that requires energy expenditure" [21] and exercise was defined as "PA that is planned, structured, and repetitive

Desfechos - 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 addition are both possible confound exercise on endometriosis-as

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

as well as confounding factors, a quantitative meta-analytic trial 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.

Efeito - Effect

Conclusion

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

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 endometrioses-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 em 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 $^{2}32.0 \pm 1.30$ 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 $^{2}34.88 \pm 6.70$ 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; ²mean \pm standard deviation; ³not specified how diagnosed; NR not reported, QOL quality of life, RCT randomized controlled trial, 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].

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 interventions [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

População alvo

that defines the target population for interventions involving PA and exercise in women with endometriosis is not clearly defined. PA and exercise have been studied in women with endometriosis as a way to reduce the risk of developing complications such as infertility, pain, and depression [11, 12, 13]. However, these interventions have been studied mostly in terms of their ability to reduce the risk of developing

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

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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 region (including dysmenorrhea, dyspareunia, or CPP).



Desenho dos estudos

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

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 pre-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 one to four times per week for a total duration of 8–24 weeks, with or without supervision. Only one study found improvements in pain intensity. One study showed decreases in stress levels. Due to the heterogeneity of the study outcomes and measures, as well as confounding factors, a quantitative meta-analysis could not be performed.

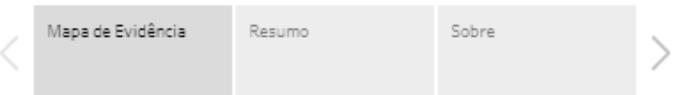
applicable; NR, not reported. The quality of the included studies was rated as good, fair, or poor. We also used the Consensus on Exercise Reporting Template (CERT) [24], which is a 19-item checklist that yields a detailed description of the minimum criteria that should be reported in an exercise intervention. 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



Desenho dos Estudos

(Tudo)

País/Região Foco

(Tudo)

População

(Tudo)

Desenho de Revisão

(Tudo)

Efeitos

Tipo de Revisão

Revisões
selecionadas:
82

Grupos de Desfechos



Grupos de Intervenções



Assistência ao Parto

Nível de confiança

Clique para acessar as evidências

Título

Abdominal decompression in normal pregnancy (Review)

País de Publicação

Inglaterra

Nível de Confiança

Baixo

Base de Dados

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 manecum...

Finlândia

Baixo

MEDLINE

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://bmcwomenshealth.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, Maaike 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; Beebejaun, 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

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

6 grupos de Intervenções

16 tipos de Intervenções

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	Ressigração 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 pain, fertility or quality of life associated with endometriosis
	Q5	Dor pélvica	Dor pélvica

Planilha de Caracterização Mapa de Evidências "Tratamento da Endometriose"

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



Dados a analisar nos estudos selecionados para el Mapa
→ Aplicar lista controlada para preenchimento dos campos

TEMPLATE – PLANILHA DE CARACTERIZAÇÃO

Título do Mapa:											
Number	Title	Interventions Group	Interventions	Outcomes Group	Outcomes	Effects	Population	Database	Id		
	Título completo do estudo						Adultos				
		É a intervenção avaliada pelo estudo, podendo ser mais de uma		É desfecho medido/esperado a partir da intervenção, podendo ser mais de um		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				



Dados a analisar nos estudos selecionados para el Mapa
→ Aplicar lista controlada para preenchimento dos campos

TEMPLATE – PLANILHA DE CARACTERIZAÇÃO

Focus Country	Publication Country	Publication Year	Type of Review	Review Design	Study Design	Confidence Level	Full Text	Citation

País e Ano de publicação da Estudo (da revisão)

É o país onde os estudos incluídos na revisão foram realizados
→ Em geral esta informação está na descrição das características dos estudos incluídos na revisão

Os tipos de estudos incluídos na revisão

Revisão Sistemática
Protocolo de Revisão
Revisão de Escopo
Revisão Integrativa
Metanálisis
Avaliação Econômica
Revisão Narrativa
Metassíntese
Revisão de Método Misto
Revisão Rápida
Avaliação de Tecnologias Sanitárias

Efetividade
Segurança
Segurança e Efetividade
Custo-Benefício

Ensaio Clínico Randomizado (RCTs)
RCTs + Ensaio Controlado não Randomizado
Ensaio Clínico não Randomizado
Ensaio Clínico + Estudo Observacional
Estudo Observacional
Estudo Qualitativo
Etnografia
Estudo Quantitativo + Qualitativo

Alto
Moderado
Baixo
Criticamente Baixo
Protocolo



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

Para analisar la cualidade de los
artículos incluídos...



Instrumentos para avaliar Revisiones Sistémáticas

GRADE – revision sistemática cuantitativa

ConQual – revisión sistemática cualitativa

AMSTAR2 – amstar.ca/Amstar_Checklist.php

MMAT – revision mista

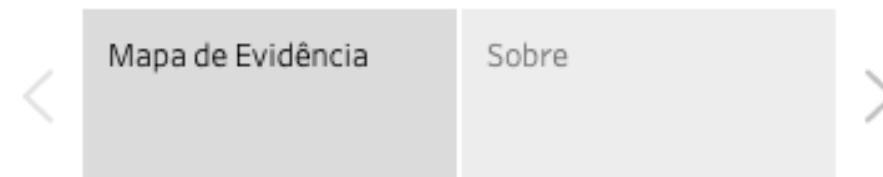
Para identificar los gaps del
mapa de evidencias y elaborar
los relatórios...



Efetividade Clínica da Acupuntura

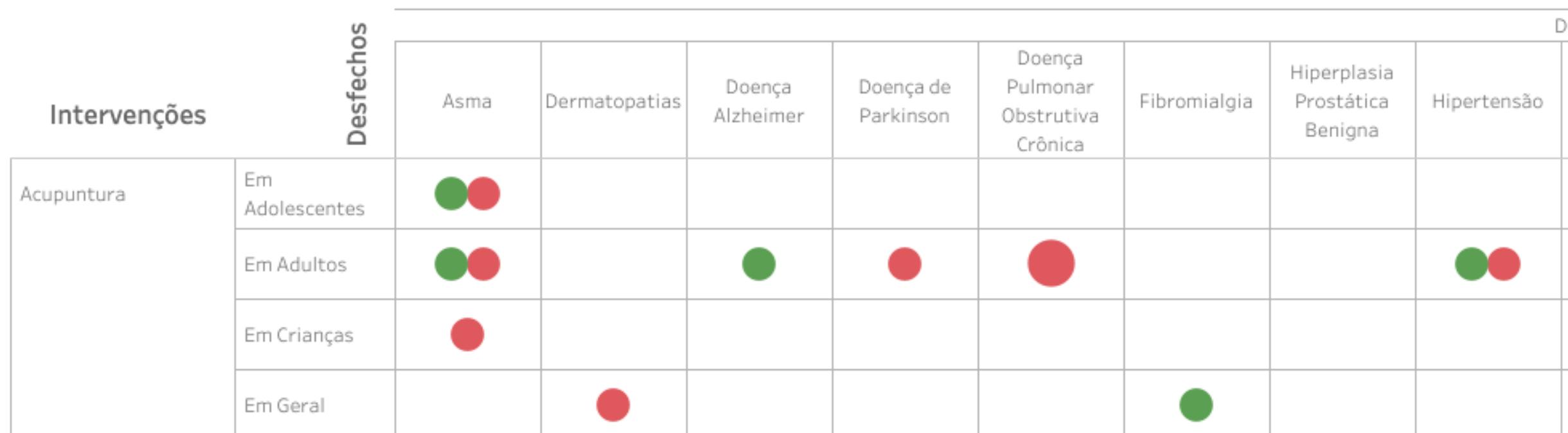
Mapa de Evidência - Efetividade Clínica da Acupuntura

BIREME/OPAS/OMS



Tipo de Revisão Desenho dos Estudos País/Região Foco Efeitos Revisões selecionadas: 170

(Tudo) (Tudo) (Tudo) (Tudo)



**Mapa de Evidências
sobre a Efetividade Clínica
da Homeopatia**

INFORME EXECUTIVO

Dezembro 2022



**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 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
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.**



Referencias

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Muchas Gracias!

