Author(s):
Question: Erinevaid antiemeetikume või mittefarmakoloogilis võtteid compared to erinevaid antiemeetikume või platseebot või mittefarmakoloogilisi võtteid for iivelduse ja oksendamise ravis
Setting:
Bibliography:

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	erinevaid antiemeetikume või mittefarmakoloogilis võtteid	erinevaid antiemeetikume või platseebot või mittefarmakoloogilisi võtteid	Relative (95% CI)	Absolute (95% CI)		
iivelduse vähenemine, metoklopramiid vs platseebo (follow up: range 0min to 30 min; assessed with: iivelduse VAS)												
3 [1,2,3]	randomised trials	not serious	not serious	serious [a]	serious [b]	none	153	148	-	MD **5.27 mm lower** (11.33 lower to 0.8 higher)	⨁⨁◯◯ LOW	
iivelduse vähenemine ; metoklopramiid vs. aktiivne kontroll (follow up: range 0 min to 30 min; assessed with: iivelduse NRS)												
4 [1,2,3,4,5]	randomised trials	not serious	not serious	serious [a]	serious [c]	none	Uuritud erinevaid preparaate erinevates uuringutes (metoklopramiid erinevad annused ,tropisetroon , ondansetroon, prometatsiin,prokloperasiin,droperidool). Ainuke statistiline erinevus oli metoklopramiidi võrdluses droperidooliga, droperidooli korral iivelduse vähenemine olulisem. MD 14,30 95%CI 2,21 to 26.3				⨁⨁◯◯ LOW	
iivelduse vähenemine;prokloorperasiin vs aktiivne kontroll (follow up: range 0min to 30 min; assessed with: iivelduse VAS , võrreldune alguse tasemega)												
2 [2,6]	randomised trials	serious [d]	not serious	serious [a]	not serious	none	MD 0,93 (-11,97 to 13,42)				⨁⨁◯◯ LOW	
livelduse vähenemine ; ondansetron vs platseebo (follow up: range 0 min to 30 min; assessed with: VAS iiveldus)												
2 [1,7]	randomised trials	not serious	not serious	serious [a]	not serious	none	MD -4,32 95% CI -11.2 to 2,56				⨁⨁⨁◯ MODERATE	
livelduse vähenemine ; 5-HT3 blokaatorid vs aktiivne kontroll (follow up: range 0 min to 30 min; assessed with: iivelduse vähenemine iivelduse VAS skaalal alguse tasemest)												
5 [1,2,3,6,8]	randomised trials	serious [d]	not serious	serious [a]	not serious	none	4 uuringut ondansetrooniga,1 uuring tropisetrooniga ."Pooled" tulemustest ,erinevus keskmises VAS hinnangus 30-ndal minutil 5HT3 blokaatori ja muu antiemeetiku vahel oli 2,88(95%CI -2,03 to 6,59) .Patka 2011 (kõrge"bias "riskiga uuring) tulemuste välja arvamisel üldtulemus ei muutunud.				⨁⨁◯◯ LOW	
livelduse vähenemine ; prokloorperasiin vs. platseebo (follow up: range 0 min to 30 min; assessed with: liivelduse VAS)												
1 [2]	randomised trials	not serious	not serious	serious [a]	serious [e]	none	MD -1,8 (95% CI -14,40, 10,80)				⨁⨁◯◯ LOW	
livelduse vähenemine ; prometatsiin vs.platseebo (follow up: range 0 min to 30 min; assessed with: livelduse VAs, vähenemine algtasemest)												
1 [1]	randomised trials	not serious	not serious	serious [a]	serious [e]	none	MD -8,47 (95% CI -19,79,2,85) Uuring ei tõendanud,et ondansetron oleks parem kui metoklopramiid või prometatsiin				⨁⨁◯◯ LOW	
livelduse vähenemine ; dropridool vs. platseebo (follow up: range 0 min to 30 min; assessed with: iivelduse VAs, vähenemine algtasemest)												

1 [2]	randomised trials	not serious	not serious	serious [a]	serious [e]	none	MD 95% CI - 15,80(- 26,98, -4,62)Droperidool (annus 1,25 mg) parem kui MCP ja prokloorperasiin ja platseebo.,droperidoolil rohkem akatiisiat 24 t jälgimiisaja jooksul .Erinevust polnud RM manustamistel ja patsiendi rahulolus raviga..MCP ja prokloorperasiinil polnud vahet võrreldes platseeboga, patsiendid paranesid ajaga ja võimalik ka,et iv hüdreerimisega .				⨁⨁◯◯ LOW	

Iivelduse vähenemine ; prometatsiin vs aktiivne kontrioll (follow up: range 0 min to 30 min; assessed with: iivelduse VAS skaala, vähenemine alguse tasemest)

2 [1,2,3]	randomised trials	not serious	not serious	serious [a]	not serious	none	MD -2,17 (95% CI - 8,99 , 4,66)				⨁⨁⨁◯ MODERATE	

Patsientide osakaal ,kes vajasid " rescue" ravimit ; metoklopramiid vs platseebo (follow up: range 0 min to 60 min; assessed with: oksendamise episood jälgimise ajal)

3 [1,2,3]	randomised trials	not serious	not serious	serious [a]	serious [c]	none	25/152 (16.4%)	65/147 (44.2%)	**OR 0.30** (0.17 to 0.53)	**250 fewer per 1,000** (from 323 fewer to 146 fewer)	⨁⨁◯◯ LOW	

Patsientide rahulolu; metoklopramiid vs. platseebo (follow up: range 0 m9n to 60 min; assessed with: patsientide oma hinnangu järgi)

2 [2,3]	randomised trials	not serious	not serious	serious [1,2,3]	serious [c]	none	74/111 (66.7%)	69/105 (65.7%)	**OR 1.07** (0.60 to 1.91)	**15 more per 1,000** (from 122 fewer to 128 more)	⨁⨁◯◯ LOW	

Patsiendid ,kes vajasid "rescue medikatsiooni= RM " ; ondansetron vs.platseebo (follow up: range 0 min to 30 min; assessed with: osalejate proportsioon,kes vajasid RM)

2 [1,7]	randomised trials	not serious	not serious	serious [a]	not serious	none	48/126 (38.1%)	52/121 (43.0%)	**OR 0.82** (0.49 to 1.37)	**48 fewer per 1,000** (from 160 fewer to 78 more)	⨁⨁⨁◯ MODERATE	

Patsiendid ,kes vajasid RM; 5HT3 antagonistid vs aktiivne kontrolll (follow up: range 0 min to 60 min; assessed with: Proportsioon uuringus osalejaid ,kes vajasid RM)

5 [1,2,6,7,8]	randomised trials	serious [d]	not serious	serious [a]	serious [f]	none	73/268 (27.2%)	68/314 (21.7%)	**OR 1.47** (0.72 to 3.01)	**72 more per 1,000** (from 51 fewer to 238 more)	⨁◯◯◯ VERY LOW	

Patsiendid ,kes vajasid RM ; prokloorperasiin vs aktiivne kontroll (follow up: range 0 min to 30 min; assessed with: uuringus osalejate arv,kes vajasid RM)

3 [2,6,9]	randomised trials	serious [d]	not serious	serious [a]	serious [f]	none	10/98 (10.2%)	17/121 (14.0%)	**OR 0.77** (0.07 to 8.74)	**29 fewer per 1,000** (from 129 fewer to 448 more)	⨁◯◯◯ VERY LOW	

Patsiendid ,kes vajasid RM,; prometatsiin vs. aktiivne kontroll (follow up: range 0 min to 60 min; assessed with: Uuritavate hulk,kes vajasid RM)

3 [1,2,9]	randomised trials	not serious	not serious	serious [a]	not serious	none	47/147 (32.0%)	46/187 (24.6%)	**OR 0.551** (0.580 to 4.140)	**94 fewer per 1,000** (from 87 fewer to 329 more)	⨁⨁⨁◯ MODERATE	

Kõrvaltoimed:metoklopramiid vs. aktiivne kontroll (follow up: range 0 min to 60 min; assessed with: symptom (peavalu,akatiisia))

4 [1,2,3,8]	randomised trials	not serious	not serious	serious [a]	not serious	none	Ainuke statistiliselt oluline tulemus oli metoklopramiidi võrdluses tropisetrooniga ,kus MCP grupil rohkem akatiisiat nii 30 kui 60 minutil (MD 1,1 95%CI 0,1- 22; 60 min 1,2 95% CI 1,01 to 2,5) .Mainitud oli veel peavalu ja pearinglust.				⨁⨁⨁◯ MODERATE	

PC6 akupressuuri punkti stimulatsioon võrreldes " sham" pressuur ; iivelduse esinemine postoperatiivselt (assessed with: iivelduse korrad esimese ööpäeva jooksul)

40 [10]	randomised trials	serious [g]	serious [f]	serious [h]	not serious	none	741/2415 (30.7%)	1090/2327 (46.8%)	**RR 0.68** (0.60 to 0.77)	**150 fewer per 1,000** (from 187 fewer to 108 fewer)	⨁◯◯◯ VERY LOW	

PC6 akupunktuuri punkti stimultsiooni ja "sham" pressuur ; oksendamine, öökimine postoperatiivselt (assessed with: oksendamise intsidendid)

46 [10]	randomised trials	serious [g]	serious [f]	serious [h]	not serious	none	497/2617 (19.0%)	832/2530 (32.9%)	**RR 0.60** (0.51 to 0.71)	**132 fewer per 1,000** (from 161 fewer to 95 fewer)	⨁◯◯◯ VERY LOW	

PC6 akupressuur ja " sham" pressuur ; RM vajadus ,ei eristatud preparaate) (assessed with: RM kasutamine)

39 [10]	randomised trials	serious [g]	serious [f]	serious [h]	not serious	none	461/2344 (19.7%)	749/2278 (32.9%)	**RR 0.64** (0.55 to 0.73)	**118 fewer per 1,000** (from 148 fewer to 89 fewer)	⨁◯◯◯ VERY LOW	

PC6 akupunktuuri punkti stimulatsioon võrreldes antiemeetikumidega (MCP,droperidel,ondansetron, cyclizin); iivelduse esinemine (assessed with: iivelduse kord esimesel postop. päeval)

14 [10]	randomised trials	serious [g]	not serious	serious [h]	not serious	none	146/639 (22.8%)	173/693 (25.0%)	**RR 0.91** (0.75 to 1.00)	**22 fewer per 1,000** (from 62 fewer to 0 fewer)	⨁⨁◯◯ LOW	

PC6 akupressuur versus antiemeetikum ; RM vajadus (assessed with: RM vajadus korrad)

9 [10]	randomised trials	serious [i]	not serious	serious [h]	not serious	none	59/448 (13.2%)	67/447 (15.0%)	**RR 0.87** (0.65 to 1.16)	**19 fewer per 1,000** (from 52 fewer to 24 more)	⨁⨁◯◯ LOW	

PC6 akupunktuuri punkti stimulatsioon versus antiemeetikum (erinevad) ; oksendamine ja öökimine postoperatiivselt (assessed with: oksendamise / öökimise intsident)

19 [10]	randomised trials	serious [i]	not serious	serious [h]	not serious	none	117/837 (14.0%)	128/871 (14.7%)	**RR 0.87** (0.65 to 1.16)	**19 fewer per 1,000** (from 51 fewer to 24 more)	⨁⨁◯◯ LOW	

PC6 akupunktuuri punkti stimulatsioon ja antiemeetik versus antiemeetikum ; iivelduse esinemine (assessed with: iivelduse intsident)

8 [10]	randomised trials	serious [i]	very serious [j]	serious [h]	serious [e]	none	122/320 (38.1%)	153/322 (47.5%)	**RR 0.79** (0.55 to 1.13)	**100 fewer per 1,000** (from 214 fewer to 62 more)	⨁◯◯◯ VERY LOW	

PC6 akupunktuuri punkti stimulatsioon ja antiemeetikum versus antiemeetikum; oksendamise/ öökimise intsidendid POP (assessed with: oksendamise ,öökimise intsident)

9 [10]	randomised trials	serious [i]	serious [f]	serious [h]	serious [e]	none	61/340 (17.9%)	114/347 (32.9%)	**RR 0.56** (0.35 to 0.91)	**145 fewer per 1,000** (from 214 fewer to 30 fewer)	⨁◯◯◯ VERY LOW	

PC6 akupuntuuri punkti stimulatsioon ja antiemeetikum versus antiemeetikum; RM vajadus (assessed with: RM vajadus)

5 [10]	randomised trials	not serious	not serious	serious [h]	serious [e]	none	40/210 (19.0%)	66/209 (31.6%)	**RR 0.61** (0.44 to 0.86)	**123 fewer per 1,000** (from 177 fewer to 44 fewer)	⨁⨁◯◯ LOW	

CI: Confidence interval; **MD:** Mean difference; **OR:** Odds ratio; **RR:** Risk ratio

Explanations

a. uuring erakorralistel haigetel

b. Lai CI ja ei saanud piisavalt informatsiooni (vähe haigeid) (wide confidence interval and not achieving optimal information size9
c. Tulemusnäitaja halvasti ja variaabelselt kirjeldatud neis uuringutes
d. Üks kaasatud uuringutest kõrge vea riskiga (personali ja patsientde pimendamine ,tulemuste jälgimise puudulikkus , muu)
e. Vähe patsiente uuringus
f. suur heterogeensus uuringute vahel
g. kaasatud palju uuringuid, riske erinevas tasemes ja palju
h. Uuring operatsioonihaigetel
i. mõõdukal määral riske (study limitations, allocation , blinding)
j. väga suur heterogeensus uuringute vahel

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