Título: Traducción y comentarios sobre el artículo: "The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69 RCOG)"

(Manejo de náuseas y vómitos en el embarazo e hiperémesis gravídica Actualización guía Green top RCOG)

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1. - Artículo Original:

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2.- Resumen del Artículo:

2.1 Introducción:

El objetivo de esta guía es proporcionar información actualizada basada en evidencia y buenas prácticas clínicas para el diagnóstico y manejo de las náuseas y vómitos en la gestación (NVG) y la hiperémesis gravídica (HG)

2.2 Metodología

Guía clínica realizada por expertos RCOG respaldada por la evidencia científica actual. Actualización de la guía previa publicada en 2016 por el RCOG.

2.3 Resultados:

Recomendaciones clave

- Se puede utilizar un índice objetivo y validado para evaluar las náuseas y vómitos, como las herramientas Pregnancy Unique Quantification of Emesis (PUQE) y HyperEmesis Level Prediction (HELP), para clasificar la gravedad de las náuseas y vómitos del embarazo (NVP) y la hiperémesis gravídica (HG). [Grado C]
- La cetonuria no es un indicador de deshidratación y no debe usarse para evaluar la gravedad. [Grado A]
- Existen datos sobre la seguridad y eficacia de los antieméticos de primera línea, como los antihistamínicos (H1), las fenotiazinas y la combinación de doxilamina/piridoxina. Estos deben recetarse inicialmente cuando sean necesarios para NVP y HG (Apéndice III). [Grado A]
- Hay evidencia de que el ondansetrón es seguro y eficaz. Su uso como antiemético de segunda línea debe valorarse si los antieméticos de primera línea no son efectivos. Se puede tranquilizar a las mujeres respecto a un aumento muy pequeño en el riesgo absoluto de fisura palatina asociado al uso de ondansetrón en el primer trimestre, equilibrando este riesgo con las consecuencias de una HG mal manejada. [Grado B]
- La metoclopramida es segura y eficaz, y puede usarse solo o en combinación con otros antieméticos. [Grado B]
- Debido al riesgo de efectos extrapiramidales, la metoclopramida debe usarse como terapia de segunda línea. Las dosis intravenosas deben administrarse mediante inyección lenta en bolus durante al menos 3 minutos para minimizar estos riesgos. [Grado C]

- La solución salina normal (0,9 % NaCl) con cloruro de potasio adicional en cada bolsa, administrada bajo monitorización diaria de electrolitos, es la hidratación intravenosa más adecuada. [Grado C]
- En mujeres que no responden a un solo antiemético, se deben usar combinaciones de diferentes medicamentos.
- La suplementación con tiamina debe administrarse a todas las mujeres hospitalizadas con vómitos o ingesta dietética severamente reducida, especialmente antes de la administración de dextrosa o nutrición parenteral. [Grado D]
- Todas las medidas terapéuticas deben haberse intentado antes de considerar la interrupción del embarazo. [Grado C]

APPENDIX 11a: Pregnancy-Unique Quantification of Emesis (PUQE) index

Total score is sum of replies to each of the three questions. PUQE-24 Score: Mild 6; Moderate = 7–12; Severe = 13–15.

Motherisk PUQE-24 scoring system					
In the last 24 hours, for how long have you felt nauseated or sick to your stomach?	Not at all (1)	1 hour or less (2)	2–3 hours (3)	4–6 hours (4)	More than 6 hours (5)
In the last 24 hours have you vomited or thrown up?	I did not throw up (1)	1–2 times (2)	3–4 times (3)	5–6 times (4)	7 or more times (5)
In the last 24 hours how many times have you had retching or dry heaves without bringing anything up?	No time (1)	1–2 times (2)	3–4 times (3)	5–6 times (4)	7 or more times (5)

PUQE-24 Score: Mild 6; Moderate = 7–12; Severe = 13–15.

How many hours have you slept out of 24 hours? Why?_____

On a scale of 0 to 10, how would you rate your wellbeing?_____
0 (worst possible) 10 (The best you felt before pregnancy)

Can you tell me what causes you to feel that way?_____

APPENDIX 11b: HELP (HyperEmesis Level Prediction Score)

My nausea level most of the time:	0	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
I average __ vomiting episodes/day:	0	1-2	3-5	6-8	9-12	13 or more
I retch/dry heave __ episodes daily:	0	1-2	3-5	6-8	9-12	13 or more
I am urinating/voiding:	Same	More often due to IV fluids; or light color	Slightly less often, and normal color	Once every 8 hours; or slightly dark yellow	Less than every 8 hours or darker	Rarely; dark or bloody; or foul smell
Nausea/vomiting severity 1 hour *after* meds OR after food/drink if no meds:	0 or No Meds	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
Average number of hours I'm unable to work adequately at my job and/or at home due to being sick has been:	0	1-2 (hours are slightly less)	3-4 (can work part time)	5-7 (can only do a little work)	8-10 (can't care for family)	11+ (can't care for myself)
I have been coping with the nausea, vomiting and retching:	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling: moody, emotional	Poorly: irritable depressed
Total amount I have been able to eat/drink AND keep it down: *Medium water bottle/large cup = 2 cups/500mL.*	Same; no weight loss	Total of about 3 meals & 6+ cups fluid	Total of about 2 meals & some fluid	1 meal & few cups fluid; or only fluid or only food	Very little, <1 meal/minimal fluids; or frequent IV	Nothing goes or stays down, or daily IV/TPN/NG
My anti-nausea/vomiting meds stay down or are tolerated:	No meds	Always	Nearly always	Sometimes	Rarely	Never/IV/SQ (SubQ pump)
My symptoms compared to last week:	Great	Better	About Same	Worse	Much Worse	So Much Worse!!!
Weight loss over last 7 days: ___%	0%	1%	2%	3%	4%	5%
Number of Rx's for nausea/vomiting*	0	1	2	3	4	5+
	0 pts	1 pt/answer	2 pts/answer	3 pts/answer	4 pts/answer	5 pts/answer
TOTAL each column = (#answers in column) x (# points for each answer)	0	____	____	____	____	____
TOTAL for ALL columns: _____	None/Mild ≤ 19			Moderate 20-32		Severe 33-60

APPENDIX III: Recommended antiemetic therapies and dosages

Recommended antiemetic therapies and dosages

First line
Doxylamine and Pyridoxine (vitamin B6) 20/20mg PO at night, increase to additional 10/10 mg in morning and 10/10mg at lunchtime if required.
Cyclizine 50 mg PO, IM or IV 8 hourly
Prochlorperazine 5–10 mg 6–8 hourly PO (or 3 mg buccal); 12.5 mg 8 hourly IM/IV; 25 mg PR daily
Promethazine 12.5–25 mg 4–8 hourly PO, IM or IV
Chlorpromazine 10–25 mg 4–6 hourly PO, IM or IV

Second line
Metoclopramide 5–10 mg 8 hourly PO, IV/IM/SC
Domperidone 10 mg 8 hourly PO; 30 mg 12 hourly PR
Ondansetron 4 mg 8 hourly or 8 mg 12 hourly PO; 8 mg over 15 minutes 12 hourly IV; 16 mg daily PR
(Women taking ondansetron may require laxatives if constipation develops)

Third line
Hydrocortisone 100 mg twice daily IV and once clinical improvement occurs, convert to prednisolone 40–50 mg daily PO, with the dose gradually tapered (by 5-10 mg per week) until the lowest maintenance dose that controls the symptoms is reached
(Corticosteroids should be reserved for cases where standard therapies have failed; when initiated they should be prescribed in addition to previously started effective antiemetics. Women taking corticosteroids should have their blood pressure monitored and a screen for diabetes mellitus)

IM intramuscular; **IV** intravenous; **PO** by mouth; **PR** by rectum.

APPENDIX V: Treatment algorithms for NVP and HG in primary care (Vai and ii), ambulatory care (Vb), emergency department (Vc) and inpatient care (Vd)

Vai. Summary for General Practitioners

Royal College of Obstetricians & Gynaecologists

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Why is the active management of nausea and vomiting of pregnancy (NVP)/ hyperemesis gravidarum (HG) important?

- NVP/ HG is associated with serious health consequences for both mother and baby
- Patients with NVP/HG often present to primary care as onset of symptoms occur prior to their pregnancy being booked by a midwife
- Patients are likely to have tried non-pharmacological options prior to presenting thus they may have severe disease at first presentation to primary care

Practice points for general practitioners:

- Validate patients' symptoms
- There are safety and efficacy data for first line antiemetic therapy including anti (H1) histamines, phenothiazines and doxylamine/pyridoxine and they should be prescribed when required for the management of NVP/HG
- In patients with severe disease multiple antiemetics prescribed together will be required
- Ketonuria is not an indicator of dehydration and should not be used to assess severity of NVP/HG
- Guidance for referral to secondary care is included in the algorithm below
- NVP/HG is likely to recur in subsequent pregnancies and pre-emptive use of medication can reduce severity of disease future pregnancies
- An assessment of mental as well as physical is important

Recommended simplified management algorithm for management of NVP/HG in primary care (for detailed algorithm see appendix Vaii):