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**UNIVERSIDADE ESTADUAL PAULISTA
“JÚLIO DE MESQUITA FILHO”
FACULDADE DE MEDICINA**

ANA PAULA DO PRADO MARQUES FERREIRA

**Quimioprofilaxia para os contatos de pacientes com hanseníase: uma
revisão sistemática e metanálise.**

Dissertação apresentada à Faculdade de
Medicina da Universidade Estadual
Paulista "Júlio de Mesquita Filho",
Campus de Botucatu, para obter o título
de Mestra em Bases Gerais de Cirurgia.

Orientadora: Dra. Regina Paolucci El Dib
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**Botucatu
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RESUMO

Introdução: Indivíduos que estão em estreita associação ou proximidade com pacientes com hanseníase têm maior chance de adquirir a doença. A eficácia da quimioprofilaxia na prevenção da hanseníase nos contatos dos pacientes afetados para um ótimo controle da doença ainda não é clara.

Métodos: pesquisas eletrônicas de Medline, EMBASE, CENTRAL e LILACS até outubro de 2017 foram realizadas para identificar estudos elegíveis. As listas de referência de estudos potencialmente elegíveis foram revisadas. Incluímos ensaios clínicos randomizados (RCTs) que compararam a quimioprofilaxia com placebo para a prevenção da infecção da hanseníase em contatos de pacientes afetados. O par de revisores examinou de forma independente artigos elegíveis, extraiu dados e avaliou o risco de viés. A abordagem GRADE foi utilizada para avaliar a certeza geral da evidência.

Resultados: seis ECRs, incluindo 52.483 participantes, se mostraram elegíveis. Os resultados sugeriram uma redução estatisticamente significativa na hanseníase clínica em contatos até dois anos (Rácio de Risco (RR) 0,32, Intervalo Confidencial (IC) 0,11 0,62; $p < 0,0007$; $I^2 = 70\%$, $p = 0,07$; evidência de qualidade) e de dois a cinco anos de seguimento (RR 0,51, IC 95% 0,29, 0,89; $p = 0,02$; $I^2 = 80\%$, $p < 0,0005$; evidência de baixa qualidade) com o uso de

quimioprofilaxia em comparação com placebo. No entanto, os resultados sugeriram uma redução não significativa na hanseníase clínica nos contatos ao longo de cinco anos (RR 0,77, IC 95% 0,46, 1,28; $p = 0,31$; $I^2 = 48\%$, $p = 0,16$; evidência de baixa qualidade).

Conclusões: evidências de baixa qualidade mostram que a quimioprofilaxia é efetiva na redução da hanseníase clínica em contatos até dois anos e de dois a cinco anos. No entanto, evidências de baixa qualidade mostram que não há efeito significativo da quimioprofilaxia ao longo de cinco anos.

Palavras-chave: quimioprofilaxia; hanseníase; prevenção; GRAU; revisão sistemática; meta-análise.

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ARTICLE

Chemoprophylaxis for contacts of leprosy patients: a systematic review and meta-analysis

Running title: Chemoprophylaxis for contacts of leprosy patients

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CONFLICTS OF INTEREST

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ABSTRACT

Background: Individuals who are in close association or proximity with leprosy patients have a greater chance of acquiring the disease. The effectiveness of chemoprophylaxis in preventing leprosy in contacts of affected patients for optimal disease control remains unclear.

Methods: Electronic searches of Medline, EMBASE, CENTRAL, and LILACS up to October 2017 were conducted to identify eligible studies. Reference lists of potentially eligible studies were reviewed. We included randomized controlled trials (RCTs) comparing chemoprophylaxis with placebo for the prevention of leprosy infection in contacts of affected patients. Pair of reviewers independently screened eligible articles, extracted data, and assessed risk of bias. The GRADE approach was used to rate overall certainty of the evidence.

Results: Six RCTs including 52,483 participants proved eligible. Results suggested a statistically significant reduction in clinical leprosy in contacts both up to two years (Risk Ratio (RR) 0.32, 95% Confidential Interval (CI) 0.17, 0.62; $p < 0.0007$; $I^2=70\%$, $p=0.07$; low-quality evidence) and from two to five years of follow-up (RR 0.51, 95% CI 0.29, 0.89; $p=0.02$; $I^2=80\%$, $p < 0.0005$; low-quality evidence) with the use of chemoprophylaxis in comparison to placebo. However, results suggested a non-significant reduction in clinical leprosy in contacts over five years (RR 0.77, 95% CI 0.46, 1.28; $p=0.31$; $I^2=48\%$, $p=0.16$; low-quality evidence).

Conclusions: Low-quality evidence shows that chemoprophylaxis is effective in the reduction of clinical leprosy in contacts up to two years and from two to five years.

However, low-quality evidence shows that there is no significant effect of chemoprophylaxis over five years.

Keywords: chemoprophylaxis; leprosy; prevention; GRADE; systematic review; meta-analysis.

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