



MEETT Centre de Conventions
& Congrès de
Toulouse
3 AU 5 DÉCEMBRE 2025

Recommandations sur l'utilisation du score calcique

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Conflits d'intérêt

CNGE



dibao-dina

Q Rechercher

Catégorie du bénéficiaire

Aucune catégorie sélectionnable

Profession du bénéficiaire

Aucune profession sélectionnable

Secteur d'activité de l'entreprise

Aucun secteur sélectionnable

Commune du bénéficiaire

Aucune commune sélectionnable

HAS

Bénéficiaires (0 résultat)

Entreprises (0 résultat)

Il n'y a pas de résultats pour votre recherche.

Année écoulée

5 dernières années



Différentes recommandations...

European Society of Cardiology ESC 2021

Recommendations	Class ^a	Level ^b
Stress symptoms and psychosocial stressors modify CVD risk. Assessment of these stressors should be considered. ^{100–102}	IIa	B
CAC scoring may be considered to improve risk classification around treatment decision thresholds. Plaque detection by carotid ultrasound is an alternative when CAC scoring is unavailable or not feasible. ^{103,104}	IIb	B
Multiplication of calculated risk by RR for specific ethnic subgroups should be considered. ¹⁰⁵	IIa	B
The routine collection of other potential modifiers, such as genetic risk scores, circulating or urinary biomarkers, or vascular tests or imaging methods (other than CAC scoring or carotid ultrasound for plaque determination), is not recommended.	III	B

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PEUT ETRE
CONSIDERE

3.3.3.1 Coronary artery calcium

Coronary artery calcium (**CAC**) scoring can reclassify CVD risk upwards and downwards in addition to conventional risk factors, and may thus be considered in men and women with calculated risks around decision thresholds.^{103,104} Availability and cost-effectiveness of large-scale **CAC** scanning must, however, be considered in a locoregional context (see section 2.3 on cost-effectiveness). If **CAC** is detected, its extent should be compared with what would be expected for a patient of the same sex and age. Higher-than-expected **CAC** increases the person's calculated risk, whereas absent or lower-than-expected **CAC** is associated with lower than calculated risk. **CAC** scoring does not provide direct information on total plaque burden or stenosis severity, and can be low or even zero in middle-aged patients with soft non-calcified plaque. Clinicians are advised to consult existing protocols for details of how to assess and interpret **CAC** scores.

Pour mieux
« classifier »

Pour savoir
quand traiter



Différentes recommandations...

Canadian Cardiovascular Society CCS 2021

A risque CV
intermédiaire

Avec
antécédents
familiaux

SUGGERER

Nous suggérons que le dépistage avec le score calcique coronaire par tomodensitométrie pourrait être envisagé pour les personnes asymptomatiques à partir de 40 ans, asymptomatiques et à risque intermédiaire (FRS 10 %-20 %) pour lesquels la décision de traiter est incertaine.

Nous suggérons que le dépistage avec le score calcique coronaire par tomodensitométrie pourrait être envisagé pour un sous-groupe de personnes à faible risque à partir de 40 ans ayant des antécédents familiaux de maladie cardiovasculaire prématurée (hommes jusqu'à 55 ans ; femmes jusqu'à 65 ans) en plus de l'identification des causes génétiques connues de maladies cardiovasculaires telles qu'un taux élevé de Lp(a) ou l'hypercholestérolémie familiale.

A partir de
40 ans

Asymptomatique

United States Preventive Services Task Force USPSTF 2018

Les preuves actuelles sont insuffisantes pour évaluer la balance bénéfices / risques de l'ajout du score calcique dans les artères coronaires (CAC) à l'évaluation traditionnelle du risque de maladie cardiovasculaire (MCV) en prévention primaire.

PAS DE
RECO

Preuves
insuffisantes



... car différentes méthodes...

ESC 2021 : système de gradation propre

ESC guideline reference table 1

	Definition	Wording to use
Classe of recommendations		
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended or is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
Class IIa	Weight of evidence/opinion is in favour of usefulness/efficacy.	Should be considered
Class IIb	Usefulness/efficacy is less well established by evidence/opinion.	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

ESC guideline reference table 2

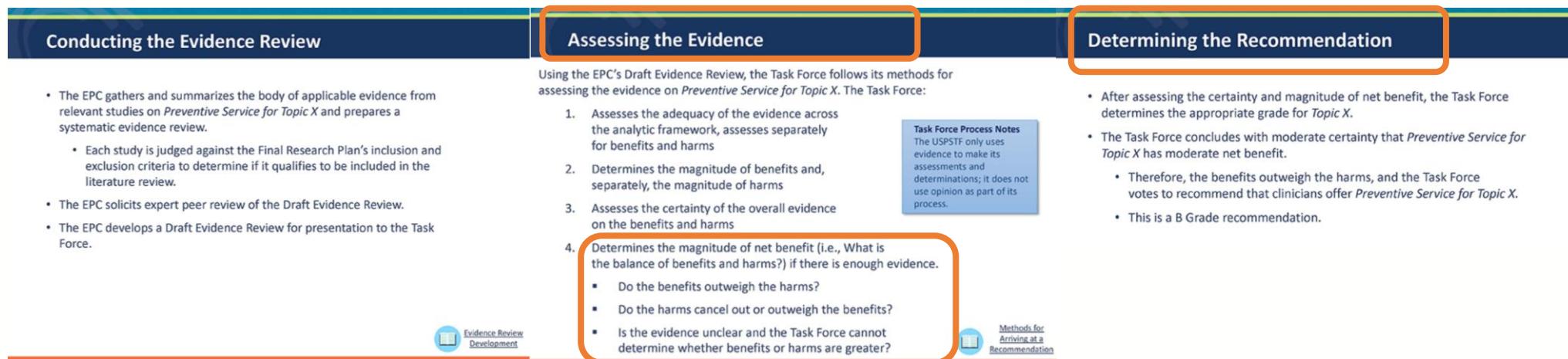
Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses.
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries.

Niveau de preuve



... et interprétations des données

USPSTF 2018 : système de gradation propre



Balance bénéfices/risques

Clarté des preuves



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Système GRADE

CCS 2021 : système GRADE

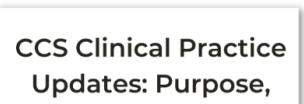
Guideline Development

CCS Guideline Development Process

CCS is committed to developing statements that are high quality and transparent. In addition to the CCS specific procedures and policies, CCS has adopted the GRADE Scale for rating the strength of recommendations and the quality of evidence.

Development Resources

The following documents describe the policies and procedures for development of guidelines and clinical practice updates.



Force des
recommandations

Qualité des
preuves



Exemple

Summary of finding

Table 2
Summary of finding: antibiotics for acute otitis media in children

Antibiotics compared with placebo for acute otitis media in children

Patient or population: Children with acute otitis media

Setting: High- and middle-income countries

Intervention: Antibiotics

Comparison: Placebo

Outcomes	Estimated risks (95% CI)		Relative effect (95% CI)	No. of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Control risk ^a	Intervention risk				
	Placebo	Antibiotics				
Pain at 24h	367 per 1,000	330 per 1,000 (286–382)	RR 0.9 (0.78–1.04)	1229 (5)	⊕⊕⊕⊕ High	
Pain at 2–7 d	257 per 1,000	185 per 1,000 (159–213)	RR 0.72 (0.62–0.83)	2791 (10)	⊕⊕⊕⊕ High	
Hearing, inferred from the surrogate outcome abnormal tympanometry—1 mo	350 per 1,000	311 per 1,000 (262–375)	RR 0.89 (0.75–1.07)	927 (4)	⊕⊕⊕○ Moderate ^b	
Hearing, inferred from the surrogate outcome abnormal tympanometry—3 mo	234 per 1,000	227 per 1,000 (178–290)	RR 0.97 (0.76–1.24)	808 (3)	⊕⊕⊕○ Moderate ^b	
Vomiting, diarrhea, or rash	113 per 1,000	156 per 1,000 (123–199)	RR 1.38 (1.09–1.76)	1,401 (5)	⊕⊕⊕○ Moderate ^c	Ideally, evidence from nonotitis trials with similar ages and doses (not obtained) might improve the quality of the evidence.

Abbreviations: CI, confidence interval; RR, risk ratio; GRADE, Grading of Recommendations Assessment, Development, and Evaluation.

^a The basis for the control risk is the median control group risk across studies. The intervention risk (and its 95% CI) is based on the control risk in the comparison group and the relative effect of the intervention (and its 95% CI).

^b Because of indirectness of outcome.

^c Generally, GRADE rates down for inconsistency in relative effects (which are not inconsistent in this case). Inconsistency here is in absolute effects, which range from 1% to 56%. Contributing factors to the decision to rate down in quality include the likely variation between antibiotics and the fact that most of the adverse events come from a single study. Consideration of indirect evidence from other trials of antibiotics in children (not undertaken) would likely further inform this issue.



Exemple

Evidence profile

Table 1
GRADE evidence profile: antibiotics for children with acute otitis media

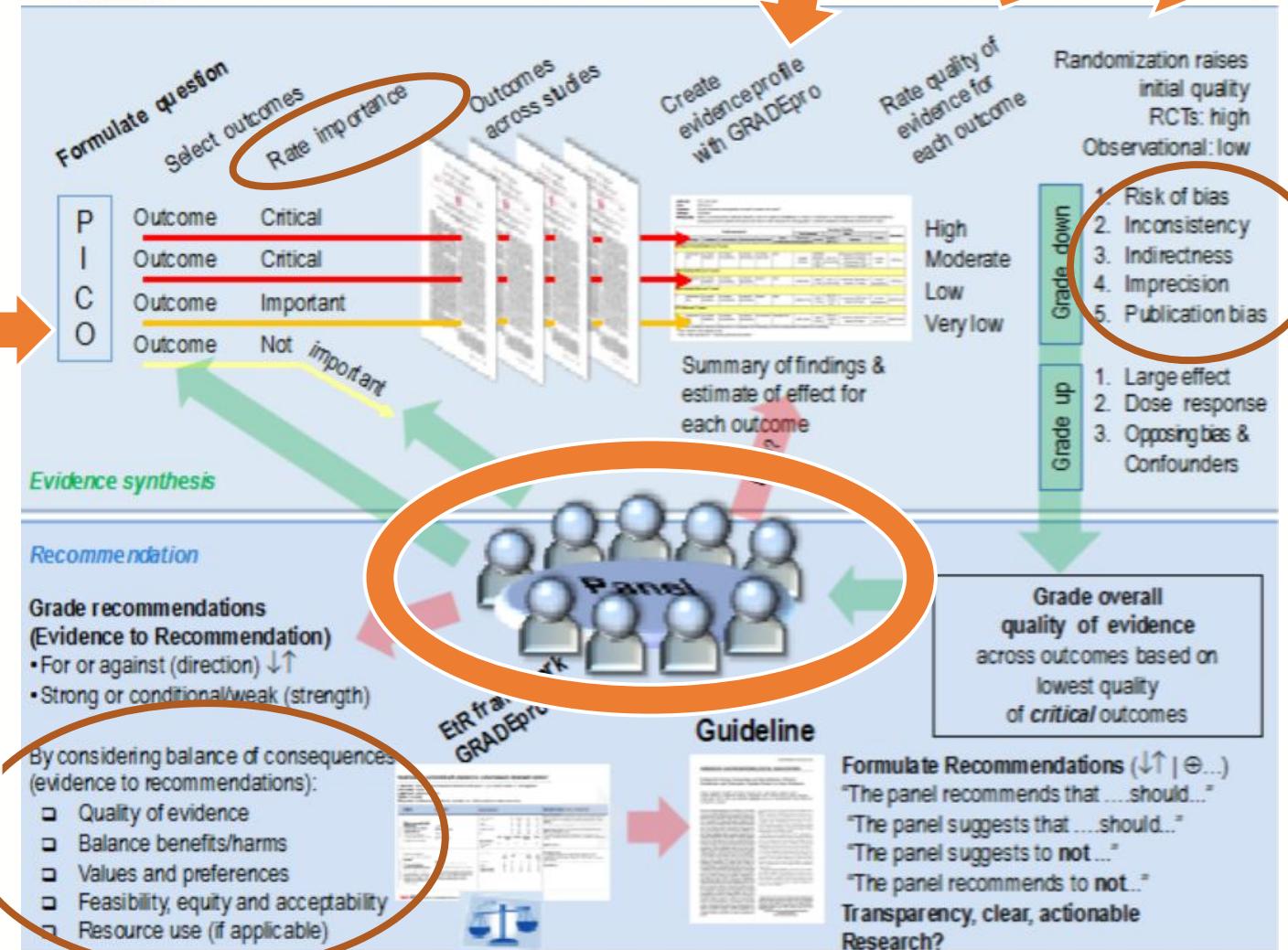
Quality assessment						Summary of findings		Absolute risk			Risk difference (95% CI)	Quality
	No of studies (Design)	Limitations	Inconsistency	Indirectness	Imprecision	Publication bias	Number of patients	Placebo	Antibiotics	Relative risk (95% CI)	Control risk ^a	
Pain at 24 h												
5 (RCT)	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	Undetected	241/605	223/624	RR 0.9 (0.78–1.04)	367/1,000	Not Significant	⊕ ⊕ ⊕ ⊕	High
Pain at 2–7 d												
10 (RCT)	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	Undetected	303/1,366	228/1,425	RR 0.72 (0.62–0.83)	257/1,000	72 fewer per 1,000 (44–98)	⊕ ⊕ ⊕ ⊕	High
Hearing, inferred from the surrogate outcome abnormal tympanometry—1 mo												
4 (RCT)	No serious limitations	No serious inconsistency	Serious indirectness (because of indirectness of outcome)	No serious imprecision	Undetected	168/460	153/467	RR 0.89 (0.75–1.07)	350/1,000	Not Significant	⊕ ⊕ ⊖ ⊖	Moderate
Hearing, inferred from the surrogate outcome abnormal tympanometry—3 mo												
3 (RCT)	No serious limitations	No serious inconsistency	Serious indirectness (because of indirectness of outcome)	No serious imprecision	Undetected	96/398	96/410	RR 0.97 (0.76–1.24)	234/1,000	Not Significant	⊕ ⊕ ⊖ ⊖	Moderate
Vomiting, diarrhea, or rash												
5 (RCT)	No serious limitations	Serious inconsistency (because of inconsistency in absolute effects)	No serious indirectness	No serious imprecision	Undetected	83/711	110/690	RR 1.38 (1.09–1.76)	113/1,000	43 more per 1,000 (10–86)	⊕ ⊕ ⊖ ⊖	Moderate



SELECTION DES CRITERES

Qu'est-ce qui importe dans l'efficacité des antibiotiques dans l'otite? Diminuer la douleur sur une échelle EVA ?

Diminuer le nombre (ou la durée) d'arrêt de travail ?



BIAIS DE PUBLICATION
Est-ce que le risque que seules les études positives et publiées aient été prises en compte est grand (dans notre exemple, les études démontrant l'efficacité des antibiotiques?)



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Toutes nos publications

Sécurité du patient

Organisation des soins

Évaluation des actes professionnels



Date de validation : 24 mars 2021

[Documents : 1](#)

[TÉLÉCHARGER LA SYNTHÈSE](#)

ÉCOUTER

AJOUTER À MA SELECTION



Risque cardiovasculaire global en prévention primaire et secondaire : évaluation et prise en charge en médecine de premier recours - Note de cadrage

RECOMMANDATION DE BONNE PRATIQUE - Mis en ligne le 13 avr. 2021

➔ **Système GRADE**

Merci pour votre attention !