INPLASY PROTOCOL

To cite: Zhang et al. The Therapeutic Efficacy of Chinese Patent Medicine Combined With Routine Western Medicine in the Treatment of COVID-19: A Systematic Review and Meta-Analysis. Inplasy protocol 202050050. doi: 10.37766/inplasy2020.5.0050

Received: 13 May 2020

Published: 13 May 2020

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Support: **2020SF-325**

Review Stage at time of this submission: **Piloting of the study selection process.**

Conflicts of interest:
The authors report no conflicts of interest. Only the authors are responsible for the content and writing of this article.

The Therapeutic Efficacy of Chinese Patent Medicine Combined With Routine Western Medicine in the Treatment of COVID-19: A Systematic Review and Meta-Analysis

Zhang, JX[1]; Li, SS[2]; Zhao, CB[3]; Wang, WF[4]; Li, F[5]; Li, F[6].

Review question / Objective: **The aim of this meta-analysis of randomized controlled trials is to evaluate Chinese Patent Medicine Combined With Routine Western Medicine in the Treatment of COVID-19.**
Condition being studied: **We will search the following databases for relevant English language literature: PubMed (MEDLINE), CNKI, the Cochrane Central Register of Controlled Trials (CENTRAL) and Web of Science.The search string will be built as follows: Chinese Patent Medicine(Lianhua Qingwen, Jinhua Qinggan, Xuebijing injection) and COVID-19, The electronic database search will be supplemented by a manual search of the reference lists of included articles.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 May 2020 and was last updated on 13 May 2020 (registration number INPLASY202050050).

INTRODUCTION

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METHODS

Participant or population: COVID-19(as diagnosed by a clinician, or using any recognized diagnostic criteria), with a comparison between a combination of Chinese Patent Medicine Combined With Routine Western Medicine and Routine Western Medicine therapy only.

Intervention: Chinese Patent Medicine(Lianhua Qingwen, Jinhua Qinggan, Xuebijing injection) Combined With Routine Western Medicine.

Comparator: The control group was only treated with Routine Western medicine.

Study designs to be included: Randomized controlled trials (RCTs) will be included.

Eligibility criteria: (1) Patients in RCTs were diagnosed with 2019-nCoV the criteria of Diagnostic Criteria of New Coronavirus Pneumonia Diagnosis and Treatment Program. (2) All trails mentioned were described as RCTs. (3) Patients in experimental group received RWM treatment and therapy with CPM, whereas patients in control group received RWM therapy only. (4) Outcome measurements of each study must have included a minimum of two of the following indices: TER, DROMCF (e.g., fever, cough, myalgia or fatigue), DROMS (e.g., headache, dizziness, diarrhea, nausea and so on.), leukocyte (WBC), lymphocytope(LYM), C-reactive protein(CRP), lung CT, adverse events(AE).

Information sources: Pubmed, Wanfang, the China National Knowledge Infrastructure (CNKI) and Spring.

Main outcome(s): Total Efficacy Rate (TER) Disappearance rate of main clinical features (DROMCF) Disappearance rate of minor symptoms(DROMS) TER, DROMCF ang DROMS were regarded as dichotomous variables and presented as the odds ratio (OR) with 95% confidence intervals (95% CI), and the risk ratio (OR) with 95% confidence intervals (95% CI), Contents of inflammatory cytokines (WBC,LYM,CRP) were continuous variables that presented as the mean difference (MD) with 95% CI.

Quality assessment / Risk of bias analysis: Random sequence generation (selection bias); Allocation concealment (selection bias); Blinding of participants and personnel (performance bias); Blinding of outcome assessment (detection bias); Incomplete outcome data (attrition bias); Selective reporting (reporting bias).

Strategy of data synthesis: "Low risk" of bias means the description of methods or procedures was adequate, "High risk" indicates the description of methods or procedures was not adequate or incorrect while "Unclear risk" of bias means there was no description of methods and/or procedures.

Subgroup analysis: Disappearance rate of main clinical features (Fever, Cough and Weakness) Disappearance rate of minor symptoms (Muscle pain, Expectoration, Shortness of breath, Chest tightness and so on).

Sensibility analysis: Not given.

Language: English.

Country(ies) involved: China.

Keywords: COVID-19; Chinese Patent Medicine; Routine Western Medicine, systematic review; meta-analysis.

Contributions of each author:
Author 1 - Jingxia Zhang - Collect and select literature drafted the manuscript.
Author 2 - Shasha LI - Collect and select literature.
Author 3 - Chongbo Zhao - Provide technical support.
Author 4 - Weifeng Wang - Check and input data.
Author 5 - Fan Li - Organize and process pictures.
Author 6 - Fang Li - Provide an overall idea of the article.