

INPLASY PROTOCOL

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Conflicts of interest: No.

Chinese Herbs Medicine Qingre Huatan Prescription for Bronchiectasis as Complementary Therapy: A protocol for systematic review and meta-analysis

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Review question / Objective: To evaluate whether Qingre Huatan Prescription is effective in treating Bronchiectasis.
Condition being studied: Bronchiectasis is a common respiratory disease that can lead to the irreversible and progressive increase in the diameter of the bronchi. Although remarkable progress has been achieved in treatment, some patients show the result of relapse and gradual deterioration when receiving conventional western medicine (CWM) treatment. QRHTP has been reported to have beneficial effects on bronchiectasis. In order to explore effectiveness of QRHTP as complementary therapy in the treatment for bronchiectasis, we conducted this meta-analysis.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 May 2020 and was last updated on 19 May 2020 (registration number INPLASY202050075).

INTRODUCTION

Review question / Objective: To evaluate whether Qingre Huatan Prescription is effective in treating Bronchiectasis.

Rationale: Through comprehensive data analysis, analyze whether Chinese medicine has curative effect.

Condition being studied: Bronchiectasis is a common respiratory disease that can lead to the irreversible and progressive increase in the diameter of the bronchi. Although remarkable progress has been achieved in treatment, some patients show the result of relapse and gradual deterioration when receiving conventional

western medicine(CWM) treatment. QRHTP has been reported to have beneficial effects on bronchiectasis. In order to explore effectiveness of QRHTP as complementary therapy in the treatment for bronchiectasis, we conducted this meta-analysis.

METHODS

Search strategy: We collected seven databases including EMbase, Cochrane, PubMed, Sino-Med, CNKI, Wan Fang, and VIP Data from their inception to March 3, 2020, then fourteen studies were selected. Search terms consists of disease ("Feiyong", "Feiluo disease""bronchiectasia", "bronchiectasis") intervention("Qingre Huatan", "Qinjin Huatan""Qingre", "Huatan", "stasis of lung by Phlegm "traditional Chinese medicine", "Zhongyixue", "combine traditional Chinese and western medicine ") We'll also check the reference lists of eligible articles obtained from additional studies.

Participant or population: Patients with Bronchiectasis must be diagnosed with a standard diagnostic criteria. There are no limits to research subjects, gender, race, condition duration or intensity.

Intervention: Qingre Huatan Prescription; Bronchiectasis.

Comparator: Traditional western medicine.

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

Eligibility criteria: Inclusion: Randomized controlled trials (RCTs) will be collected. Exclusion: We will eliminate observational studies, cohort studies, laboratory studies and case-control studies.

Information sources: A comprehensive literature search was conducted by two reviewers(Min Zhou and Fan Xu) independently from multiple electronic databases, including Cochrane Library, CNKI, Sino-Med, PubMed, EMBASE, Wan Fang and VIP database from their inception

up to March 3,2020. There are no restrictions on language. The following were the search keywords and terms we used:"Feiyong"OR"Feiluo"OR"bronchiectasia"OR"bronchiectasis"AND"Qingre Huatan"OR"Qinjin Huatan"OR"Qingre"OR"Huatan"OR"stasis of lung by Phlegm and Heat"OR'traditional Chinese medicine"OR "Zhongyixue"OR"combine traditional Chinese and western medicine"AND"randomized controlled trial"OR "randomize trial"OR"controlled clinical trial"OR"clinical research"OR"randomized"OR"trial". In addition, we also manually searched for more eligible studies by the relevant references.

Main outcome(s): Total effectiveness rates, The disappearance time of cough, The disappearance time of expectoration, The disappearance time of hemoptysis, The score of SGRQ, The score of TCM Symptom.

Additional outcome(s): FVC, CRP, WBC.

Data management: Researchers will import the literature retrieved to the EndNote X7 and eliminate the duplicate data. After that, two evaluators assessed the summaries and titles independently. Irrelevant citations were excluded. If they could not determine whether to incorporate the study, the full texts of the articles were obtained. Two reviewers independently assessed the eligibility of these articles against the inclusion and exclusion criteria. Issues were resolved by agreement after discussion with a third reviewer. Two reviewers extracted data independently from each included study using a predesigned data extraction form. The data extracted included first author, year of publication, study location, baseline characteristics for participants, sample size, intervention, duration of intervention, randomization method, allocation concealment, blinding method, follow-up, dropout and withdrawal, outcome measurement indexes, adverse events. If there is any ambiguous information in some of the studies, we attempted to

contact the first author for more information by phone or email. We resolved any differences in opinion through rechecking the source papers and further discussion with the third reviewer.

Author 1 - Min Zhou - Conceptualization.
Author 2 - Qijun Liang - Formal analysis.
Author 3 - Qiulan Pei - Data curation.
Author 4 - Fan Xu - Software.
Author 5 - Hang Wen - Writing.

Quality assessment / Risk of bias analysis:

Quality assessment was performed strictly on the following items: random sequence generation, blinding of participants and personnel, allocation concealment, blinding of outcome assessment, incomplete outcome data, selective reporting, and other bias including the cases of shedding and loss to followup, as well as patient baseline details. The quality assessment was graded as “high” risk, “low” risk, or “unclear” risk.

Strategy of data synthesis: The meta-analysis was performed using Reviewer Manager Software, version 5.3. We defined $P \leq 0.05$ as statistically significant between studies. Dichotomous outcomes will be presented as risk ratios (RRs) and 95% confidence intervals (95% CI), whilst continuous outcomes will be presented as weight mean differences (WMDs) and 95% CI. The studies' heterogeneity was evaluated by χ^2 test and Higgins I^2 test, when $I^2 \leq 50\%$, $P \geq 0.10$, the fixed effect model was used; otherwise, a random effects model will be used after excluding significant clinical heterogeneity. Sensitivity analysis was used to assess the impact of the included trials on the final outcome. And Egger's test was performed using Stata14.0 statistical software to analyze potential publication bias. If $P < 0.05$ was considered statistically significant.

Subgroup analysis: If necessary, we will conduct a subgroup analysis based on the interventions.

Sensibility analysis: Sensitivity analysis was conducted to evaluate the final outcome.

Language: English.

Keywords: Qingre Huatan Prescription; Bronchiectasis; Complementary Therapy.

Contributions of each author: