INPLASY PROTOCOL

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None.

Yangxin Decoction combined acupuncture on blood lipid metabolism in Qi Deficiency and Blood Stasis type of Chest Bi-Syndrome: A protocol of systematic

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Review question / Objective: **Is Yangxin Decoction combined acupuncture (YXDA) effective on blood lipid metabolism (BLMB) in Qi Deficiency and Blood Stasis type of Chest Bi-Syndrome (CBS-QDBS)?**
Condition being studied: **Yangxin Decoction; acupuncture; blood lipid metabolism; Chest Bi-Syndrome.**
Information sources: **The following electronic databases will be searched from their initial time to the present: PUBMED, EMBASE, Cochrane Library, PsycINFO, CINAHL, Allied and Complementary Medicine Database, and China National Knowledge In¬frastructure. We will not impose any restrictions of language and publication status. To perform a comprehensive and systematic search, an experienced librarian will be invited to develop search strategies for all electronic databases. A detailed search strategy for PUBMED is shown in table 1. Identical search strategies will be modified and used to the other electronic databases. Moreover, we will identify conference abstracts, undergoing trials from clinical registry websites, and reference lists of relevant reviews.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 July 2020 and was last updated on 12 July 2020 (registration number INPLASY202070046).

INTRODUCTION

Review question / Objective: **Is Yangxin Decoction combined acupuncture (YXDA) effective on blood lipid metabolism (BLMB) in Qi Deficiency and Blood Stasis type of Chest Bi-Syndrome (CBS-QDBS)?**

Condition being studied: **Yangxin Decoction; acupuncture; blood lipid metabolism; Chest Bi-Syndrome.**

METHODS

Participant or population: **Participants (18 years or older) with confirmed diagnosis as**

CBS-QDBS will be included, regardless ethnicity, gender, and country.

Intervention: In the experimental group, all participants received any forms of YXDA. However, any single administration of acupuncture or Yangxin Decoction will be excluded.

Comparator: In the control group, patients underwent any types of therapies, but not any forms of acupuncture or Yangxin Decoction or YXDA.

Study designs to be included: Randomized controlled trials (RCTs) of YXDA on BLMB in patients with CBS-QDBS will be included, irrespective of blind, publication time and language.

Eligibility criteria: RCTs of YXDA on BLMB in patients with CBS-QDBS will be included, irrespective of blind, publication time and language. However, laboratory study, observational study, and non-RCTs will be excluded.

Information sources: The following electronic databases will be searched from their initial time to the present: PUBMED, EMBASE, Cochrane Library, PsycINFO, CINAHL, Allied and Complementary Medicine Database, and China National Knowledge In¬frastructure. We will not impose any restrictions of language and publication status. To perform a comprehensive and systematic search, an experienced librarian will be invited to develop search strategies for all electronic databases. A detailed search strategy for PUBMED is shown in table 1. Identical search strategies will be modified and used to the other electronic databases. Moreover, we will identify conference abstracts, undergoing trials from clinical registry websites, and reference lists of relevant reviews.

Main outcome(s): Primary outcome is chest pain, as measured by electrocardiogram or any relevant examination test. Secondary outcomes include cholesterol, triglycerides, phospholipids, urine routine test, alanine aminotransferase, aspartate aminotransferase, creatinine blood test, blood urea nitrogen test, and any adverse events.

Data management: Two independent authors will collect data based on the standardized form recommended by the Cochrane Handbook of Systematic Reviews of Interventions. Any conflicts between two authors will be solved with the help of a third author through discussion. The data collection form includes first author, title, year of publication, country, study setting, study duration, age, gender, diagnostic criteria, sample size, details of all experimental and control interventions, outcomes, funding and any other relevant data. Whenever necessary, if we identify any missing or unclear data, we will contact primary authors to request them.

Quality assessment / Risk of bias analysis: Two independent authors will assess the risk of bias for each qualified study using Cochrane Collaboration's 'Risk of bias' tool in accordance with the guidelines of Cochrane Handbook for Systematic Reviews of Interventions. All risk of bias for each study will be checked through 7 aspects, and each one is graded as low, unclear or high risk of bias. Any conflicts between two authors will be figured out by a third author via discussion.

Strategy of data synthesis: Statistical analysis will be undertaken using RevMan 5.3 software. The dichotomous data will be expressed as risk ratio and 95% confidence intervals (CIs), while the continuous data will be presented as mean difference or standardized mean difference and 95% CIs. The level of heterogeneity among studies will be checked using I^2 statistic. Reasonable heterogeneity will be regarded if $I^2 \leq 50\%$, and we will employ a fixed-effects model, as well as meta-analysis performance if possible. Significant heterogeneity will be considered if $I^2 > 50\%$, and we will utilize a random-effects model. At the same time, we will operate subgroup analysis or meta-regression to explore possible causes for the substantial heterogeneity. In addition,

summary results will be interpreted by providing detailed written commentary on the collected data based on the factors outlined in the data collection process section. It will advance our understandings of the YXDA on BLMB in patients with CBS-QDBS.

Subgroup analysis: If there are adequate studies, we will handle the subgroup analysis based on the differences in interventions, controls and outcomes.

Sensibility analysis: We will conduct a sensitivity analysis to check robustness of outcome results by excluding studies with high risk of bias.

Country(ies) involved: China.

Keywords: Yangxin Decoction; acupuncture; Chest Bi-Syndrome; Qi Deficiency and Blood Stasis type.

Contributions of each author:
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Author 4 - Yu-ping Wang.
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