INPLASY PROTOCOL

To cite: Li et al. ICU Acquired Weakness: a Protocol for an Overview of Systematic Reviews and Meta-Analysis. Inplasy protocol 202070067. doi: 10.37766/inplasy2020.7.0067

Received: 16 July 2020

Published: 16 July 2020

Corresponding author:
Zheng Li

lizheng199608@163.com

Author Affiliation:
Graduate College, Wannan Medical College

Support: **Anhui Province.**

Review Stage at time of this submission: **The review has not yet started.**

Conflicts of interest:
There are no conflicts of interest related to this investigation to disclose.

ICU Acquired Weakness: a Protocol for an Overview of Systematic Reviews and Meta-Analysis

Li, Z[1]; Cai, Y[2]; Zhang, Q[3]; Zhang, P[4]; Sun, R[5]; Jiang, H[6]; Wan, JJ[7]; Wu, F[8]; Wang, X[9]; Tao, X[10].

Review question / Objective: **ICU patients with no restriction on age and gender. The intervention measures are early activity, physical rehabilitation, drug therapy, etc. ICU-AW related risk factors, assessment and diagnosis, interventions and prevention will be included.**
Condition being studied: **We identified a preliminary search strategy and the entire study has not yet started.**
Information sources: **PubMed, CINAHL, EMBASE, and the Cochrane Library will be searched from the inception to August 2020.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 July 2020 and was last updated on 16 July 2020 (registration number INPLASY202070067).

INTRODUCTION

Review question / Objective: **ICU patients with no restriction on age and gender. The intervention measures are early activity, physical rehabilitation, drug therapy, etc. ICU-AW related risk factors, assessment and diagnosis, interventions and prevention will be included.**

Condition being studied: **We identified a preliminary search strategy and the entire study has not yet started.**

METHODS

Participant or population: ICU patients with no restriction on age and gender.

Intervention: Early activity, physical rehabilitation, drug therapy, etc.

Comparator: Early activity, physical rehabilitation, drug therapy, etc.

Study designs to be included: Systematic review or meta-analysis.

Eligibility criteria: We will include studies that met the following criteria: (1) published systematic review or meta-analysis; (2) ICU patients with no restriction on age and gender; (3) The intervention measures are early activity, physical rehabilitation, drug therapy, etc. ; (4) ICU-AW related risk factors, assessment and diagnosis, interventions and prevention will be included.

Information sources: PubMed, CINAHL, EMBASE, and the Cochrane Library will be searched from the inception to August 2020.

Main outcome(s): ICU-AW related risk factors, assessment and diagnosis, interventions and prevention.

Quality assessment / Risk of bias analysis: Two reviewers will independently assess the quality for each study by using the AMSTAR 2 tool.

Strategy of data synthesis: The search terms were “intensive care unit – acquired weakness”, ““ICUAW”, ““ICU-AW”, “critical illness myopathy”, “critical illness polyneuropathy”, “critical illness neuromuscular abnormality” and “Meta-Analysis”, “systematic review”, “evidence synthesis”, “systematic literature review”.

Subgroup analysis: Age or the quality of studies.

Sensibility analysis: We will reflect the feasibility of meta-analysis by evaluating the heterogeneity of the included studies.

Language: No restriction.

Country(ies) involved: China.

Keywords: Intensive care unit-acquired weakness, AMSTAR 2, GRADE, overview.

Contributions of each author:
Author 1 - Zheng Li.
Author 2 - Yitong Cai.
Author 3 - Qian Zhang.
Author 4 - Peng Zhang.
Author 5 - Ruixiang Sun.
Author 6 - Haijiao Jiang.
Author 7 - JingJing Wan.
Author 8 - Fang Wu.
Author 9 - Xiaoye Wang.
Author 10 - Xiubin Tao.