INPLASY PROTOCOL

Corresponding author:
Su Su

susumedical@163.com

Author Affiliation:
Zhuhai Hospital of Integrated Traditional Chinese & Western Medicine

Review Stage at time of this submission: Preliminary searches.

Conflicts of interest: The authors report no conflicts of interest.

Acupuncture for supraventricular tachycardia: A protocol for systematic review and meta-analysis

Su, S[1]; Lv, L[2]; Wei, Y[3].

Review question / Objective: Types of participants: Patients with supraventricular tachycardia diagnosed according to Electrocardiography. Types of interventions : This group will be treated with acupuncture, or electroacupuncture, or cognitive behavioral therapy. The control group includes Any of the described intervention compared with each other, or with drug therapy. Type of outcomes (measures) We will measure the outcomes include patients Mortality, Admission to hospital, Follow up for cardiovascular disease, New Diagnosis and Change in medication on discharge.

Condition being studied: Supraventricular tachycardia is a frequently encountered disease, it is a fast heart rhythmsthat described with tachycardia rate of more than 100bpm, which involve cardiac tissue above (supra) the ventricles, patients can have the symptoms include palpitations, light-headedness, chest pain or even consciousness. Commonly used clinical treatments for SVT include vagal manoeuvres, drug therapy, surgical intervention, and radiofrequency catheter ablation. In which vagal manoeuvres often fails, all antiarrhythmic drugs have proarrhythmic effects and may cause gastrointestinal reactions, central response, hypotension, and other adverse reactions.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 20 July 2020 and was last updated on 20 July 2020 (registration number INPLASY202070094).

INTRODUCTION

Review question / Objective: Types of participants: Patients with supraventricular tachycardia diagnosed according to Electrocardiography. Types of interventions: This group will be treated with acupuncture, or electroacupuncture,

or cognitive behavioral therapy. The control group includes Any of the described intervention compared with each other, or with drug therapy. Type of outcomes (measures) We will measure the outcomes include patients Mortality, Admission to hospital, Follow up for cardiovascular disease, New Diagnosis and Change in medication on discharge.

Condition being studied: Supraventricular tachycardia is a frequently encountered disease, it is a fast heart rhythmsthat described with tachycardia rate of more than 100bpm, which involve cardiac tissue above (supra) the ventricles, patients can have the symptoms include palpitations, light-headedness, chest pain or even consciousness. Commonly used clinical treatments for SVT include vagal manoeuvres, drug therapy, surgical intervention, and radiofrequency catheter ablation. In which vagal manoeuvres often fails, all antiarrhythmic drugs have proarrhythmic effects and may cause gastrointestinal reactions, central response, hypotension, and other adverse reactions.

METHODS

Participant or population: Patients with supraventricular tachycardia diagnosed according to Electrocardiography.

Intervention: This group will be treated with acupuncture, or electroacupuncture, or cognitive behavioral therapy.

Comparator: The control gorup includes Any of the described intervention compared with each other, or with drug therapy.

Study designs to be included: Randomized Controlled Trials (RCTs) of Acupuncture both in Chinese and English for Supraventricular tachycardia treating will be included.

Eligibility criteria: Patients with supraventricular tachycardia diagnosed according to Electrocardiography.

Information sources: Including PubMed, EMBASE, Web of Science, the Cochrane Library, China National Knowledge Infrastructure(CNKI), Wanfang Database, Chinese Science and Technology Periodical Database (CSTPD). RCT registration websites, including http://www.ClinicalTrials.gov and http://www.chictr.org.cn, will also be searched.

Main outcome(s): We will measure the outcomes include patients Mortality, Admission to hospital,Follow up for cardiovascular disease,New Diagnosis and Change in medication on discharge.

Quality assessment / Risk of bias analysis: Two review authors will independently assess the risk of bias in included studies by considering the following characteristics:sequence generation, allocation sequence concealment, blinding of participants and personnel and outcome assessors, incomplete outcome data, selective outcome reporting and other sources of bias. The assessments will be classified into three levels: low risk, high risk and unclear risk.Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion.

Strategy of data synthesis: Two review authors will independently assess the risk of bias in included studies by considering the following characteristics:sequence generation, allocation sequence concealment, blinding of participants and personnel and outcome assessors, incomplete outcome data, selective outcome reporting and other sources of bias. The assessments will be classified into three levels: low risk, high risk and unclear risk.Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion.

Subgroup analysis: RCTs of Acupuncture both in Chinese and English for Supraventricular tachycardia.

Sensibility analysis: The primary outcomes will be graded into 'high','moderate', 'low', or 'very low'.

Language: There is no limits of language on the search.

Country(ies) involved: China.

Keywords: acupuncture; supraventricular tachycardia; safety; protocol; systematic review.

Contributions of each author:
Author 1 - Su Su.
Author 2 - Ling Lv.
Author 3 - Yan Wei.