INPLASY PROTOCOL

To cite: Wang et al. The efficacy and safety of electroacupuncture against urinary incontinence after stroke: a protocol for systematic review and meta analysis. Inplasy protocol 202050073. doi: 10.37766/inplasy2020.5.0073

Received: 17 May 2020

Published: 18 May 2020

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Support: Henan Educational Committee

Review Stage at time of this submission: Preliminary searches.

Conflicts of interest: We declare that there is no conflict of interest. The efficacy and safety of electroacupuncture against urinary incontinence after stroke: a protocol for systematic review and meta analysis

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Review question / Objective: Effectiveness and safety of electroacupuncture for Urinary incontinence need to be evaluated for post-stroke patience with incontinence.

Condition being studied: The retrieval has been completed. Information sources: Two researchers (WP and LMM) independently and systematically searched databases for relevant studies published from their inception to January 2020, comprising six international and four Chinese, and one Russian databases. Including PubMed, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL), Web of Science, ClinicalTrials.gov.cn, BIOSIS Previews, China National Knowledge Infrastructure Database (CNKI), Chinese Biological Medicine Database (CBM), VIP Database and WanFang Digital Periodicals Database (WFDP) for studies that assessed the safety and effect of EA on PUR.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 18 May 2020 and was last updated on 18 May 2020 (registration number INPLASY202050073).

INTRODUCTION

Review question / Objective: Effectiveness and safety of electroacupuncture for Urinary incontinence need to be evaluated for post-stroke patience with incontinence. Condition being studied: The retrieval has been completed.

METHODS

Search strategy: Two researchers (WP and LMM) independently and systematically searched databases for relevant studies published from their inception to January 2020, comprising six international and four Chinese, and one Russian databases. Including PubMed, EMBASE, the Cochrane **Central Register of Controlled Trials** (CENTRAL), Web of Science, Clinical Trials.gov.cn, BIOSIS Previews, China National Knowledge Infrastructure Database (CNKI), Chinese Biological Medicine Database (CBM), VIP Database and WanFang Digital Periodicals Database (WFDP) for studies that assessed the safety and effect of EA on PUR. The search words were electroacupuncture, urinary retention (e.g., urinary retention, retention urinary, and postoperative urinary retention) and stroke (e.g.,). In order to retrieve all the potentially relevant studies, a combination of Medical Subject Headings (MeSH) and free text words was used; MeSH terms were modified in accordance with the specification of each database. The equivalent search terms were used in the Chinese databases.

Participant or population: Clinical trials of poststroke patients in both the intervention and control groups needed to have been diagnosed with PUR based on standardised diagnostic criteria and were verified cerebral haemorrhage or cerebral infarction by CT or MRI. There were no limitations of age, gender, education status, or ethnic background in this study... Participants are limited to consciousness, no cognitive impairment, no mental disorder, and no serious underlying comorbidities.

Intervention: The therapeutic intervention applied in the experimental group was Electroacupuncture (EA). EA combined with other therapies were included as well if the combined therapy had the both same groups. However, other acupuncture methods (nonelectroacupuncture) and dry needling not based on oriental medicine and meridian theory were excluded. No specific criteria were set regarding the needle size, acupoint selection, current stimulation frequency, intensity, retention time, and treatment course.

Comparator: The controlled group were blank control, placebo, psychological control, drug therapy or physical therapy modalities done by the general physician. Studies in which the control group received usual care were also eligible for inclusion.

Study designs to be included: All RCTs of EA for PUR were included. The studies were limited to clinical subjects and no restrictions on race, age, language or publication types we.

Eligibility criteria: Clinical effects and safety of electroacupuncture for the treatment of post-stroke depression: a systematic review and meta-analysis of randomised controlled trials.

Information sources: Two researchers (WP and LMM) independently and systematically searched databases for relevant studies published from their inception to January 2020, comprising six international and four Chinese, and one Russian databases. Including PubMed, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL), Web of Science, ClinicalTrials.gov.cn, BIOSIS Previews, China National Knowledge Infrastructure Database (CNKI), Chinese **Biological Medicine Database (CBM), VIP Database and WanFang Digital Periodicals** Database (WFDP) for studies that assessed the safety and effect of EA on PUR.

Main outcome(s): Residual urine volume, time to first urination, bladder capacity, urinary flow rate, and urine output were analyzed to evaluate the therapeutic efficacy of EA.

Quality assessment / Risk of bias analysis: We assessed publication bias with Begg's funnel plot and Egger's test. If publication bias exists, the Begg's funnel plot is asymmetric or the Egger's test P value is <0.05. We used Stata SE version 10.0 software (StataCorp, College Station, TX) for all the statistical analyses.

Strategy of data synthesis: We will calculate the relative risks with 95% confidence intervals by using crude 2×2 tables on the basis of intention to treat analysis, whenever possible, from the original publications. For the test of heterogeneity, we will use Higgins I2. To calculate pooled relative risks with 95% confidence intervals, we used both the fixed effects and random effects models. An I2 value >50% was considered as substantial heterogeneity. When there was no substantial heterogeneity, we reported the pooled estimate calculated from the fixed effects model. When there was substantial heterogeneity, we reported the pooled estimate calculated from the random effects model.

Subgroup analysis: Subgroup analyses were planned to perform according to the electroacupuncture points, gender , age, gender , and study quality.

Sensibility analysis: Sensitivity of results to changes in the original assumptions by excluding trials with a high risk of bias.

Country(ies) involved: China.

Keywords: Electroacupuncture; poststroke; Urinary incontinence.

Contributions of each author:

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