INPLASY PROTOCOL

Effectiveness of Acupuncture for Ischemic Stroke with Lower Limb Dysfunction: A Meta-analysis

Lin, R[1]; Cui, SY[2]; Luo, J[3].

Corresponding author:
Shaoyang Cui

1141727324@qq.com

Author Affiliation:
Shenzhen Hospital of Guangzhou University of Chinese Medicine (Futian)

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

Conflicts of interest:
The authors declare that they have no competing interests.

Review question / Objective: Acupuncture vs non-acupuncture for Ischemic Stroke with Lower Limb Dysfunction.
Condition being studied: Effectiveness of Acupuncture for Ischemic Stroke with Lower Limb Dysfunction: A Meta-analysis.
Information sources: CNKI, VIP, CBM, WanFang DATA, EMBASE, MEDLINE, Cochrane Library, Pubmed.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 August 2020 and was last updated on 29 August 2020 (registration number INPLASY202080121).

INTRODUCTION

Review question / Objective: Acupuncture vs non-acupuncture for Ischemic Stroke with Lower Limb Dysfunction.

Condition being studied: Effectiveness of Acupuncture for Ischemic Stroke with Lower Limb Dysfunction: A Meta-analysis.

METHODS

Participant or population: Patients diagnosed with ischemic stroke and Lower Limb Dysfunction.

Intervention: Acupuncture.

Comparator: Non-acupuncture.

Study designs to be included: Randomized controlled Trials (RCTS) with impaired lower-limb motor performance in patients with hemorrhagic stroke treated with acupuncture (moxibustion) are performed in Chinese or English only.

Eligibility criteria: RCTs, Acupuncture vs non-acupuncture for Ischemic Stroke with Lower Limb Dysfunction, 25-90 years-old, outcome：the effective rate, Fugl-Meyer scale, MBI, MAS, NIHSS.

Information sources: CNKI, VIP, CBM, WanFang DATA, EMBASE, MEDLINE, Cochrane Library, Pubmed.

Main outcome(s): The effective rate, Fugl-Meyer scale, MBI, MAS, NIHSS.

Quality assessment / Risk of bias analysis: The risk of bias assessment tool provided by the Cochrane Collaboration was used to evaluate the risk of bias in the included literature from six aspects, and "high risk", "unclear risk" and "low risk" were used for each indicator.

Strategy of data synthesis: RevMan5.3 software is adopted to improve the Meta analysis of count data, the odds ratio (OR) effect index, mean difference (MD) measurement data used for the effect index, the effect is given the point estimates and 95% CI into the heterogeneity between the results using chi-square test analysis (inspection level for alpha = 0.1), and combining with I2 quantitative judgment if the size of the heterogeneity among the results no statistical heterogeneity (P> 0.1, I2 <50%), the fixed effect model was used for meta-analysis; If the statistical heterogeneity between the results of the study (P = 0.1, 50% I2), further analysis of sources of heterogeneity, obvious clinical heterogeneity excluded, the influence of the random effects model merging obvious clinical heterogeneity can adopt subgroup analysis and sensitivity analysis method, to assess the stability of the results, estimate the combined effect size ; Or descriptive analysis only.

Subgroup analysis: The effective rate, Fugl-Meyer scale, MBI, MAS, NIHSS.

Sensibility analysis: Fugl-Meyer scale, MBI, MAS, NIHSS.

Country(ies) involved: China.

Keywords: Ischemic stroke; Lower Limb Dysfunction; Acupuncture; Meta-analysis; Systematic review; Randomized controlled trial.

Contributions of each author:
Author 1 - Run Lin - Author 1 drafted the manuscript.
Author 2 - Shaoyang Cui - The author provided statistical expertise.
Author 3 - Jing Luo - The author contributed to the development of the selection criteria, and the risk of bias assessment strategy.