INPLASY PROTOCOL

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The authors have no conflicts of interest to declare.

Acupuncture for chronic prostatitis/ chronic pelvic pain syndrome: a protocol for an overview of systematic reviews and meta-analysis

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Review question / Objective: **This overview is to access the efficacy of acupuncture therapy for chronic prostatitis/chronic pelvic pain by summarizing the available evidence from current systematic reviews.**
Condition being studied: **Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common urinary system disease in the male population and is accompanied by lower urinary tract symptoms. Epidemiological investigations have shown that 2.2% to 13.8% of adult men are suffering from it, and approximately 30% to 50% of men would suffer from it in particular periods of their lives in China. It has ranked fourth among the 20 principal diagnostic diseases in the United States. The estimates also suggest that many cases might be under-diagnosed and undertreated by physicians. It has been reported that acupuncture is widely used for the treatment of CP/CPPS in China.This study aims to summarize the available evidence from current systematic reviews for the efficacy of acupuncture therapy for CP/CPPS.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 October 2020 and was last updated on 16 October 2020 (registration number INPLASY2020100053).

INTRODUCTION

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METHODS

Participant or population: Patients with chronic prostatitis/chronic pelvic pain syndrome.

Intervention: Needle acupuncture, electroacupuncture, auricular acupuncture, moxibustion, acupressure, point injection, or any combination of the above.

Comparator: Western medicine, sham acupuncture, placebo, no treatment, or any combination of these.

Study designs to be included: All systematic reviews and meta-analysis on the use of acupuncture therapy for chronic prostatitis/chronic pelvic pain syndrome.

Eligibility criteria: Published systematic reviews which were reported in Chinese or English, and meet the "PICOS".

Information sources: Pubmed, the Cochrane Library, Embase, China National Knowledge Infrastructure (CNKI) , Chinese Biomedical Literatures Database(CBM), WangFang Database (WF), Chinese Scientific Journal Database (VIP).

Main outcome(s): The National Institutes of Health's Symptom Score Index (NIH-CPSI) score for CP/CPPS , the effective rates and the incidence of adverse events.

Quality assessment / Risk of bias analysis: The assessment will be made by Assessment of Multiple Systematic Reviews 2 (AMSTAR-2) measurement tool, Grading of Recommendations Assessment, Development and Evaluation(GRADE) approach and the risk-of-bias assessment method from Cochrane Reviewer's Handbook.

Strategy of data synthesis: We will describe the results of the included system Review (SRs) and make tables detailing the included studies and their outcomes. In addition, we will provide optimal options for treatment through the synthesis of all these SRs which include the following outcomes: The National Institutes of Health's Symptom Score Index (NIH-CPSI) score for CP/CPPS , the effective rates and the incidence of adverse events. If necessary, we will use RevMan5.4 software for data integration and analysis. Mean difference (MD) with 95% confidence intervals (95% CIs) will be used to analyze continuous data, and the count data will use the odds ratio (OR) as the effect index.There are two statistical modes to choose from: the random-effects model for studies with no statistical heterogeneity, or fixed-effects model for studies with significant statistical heterogeneity.

Subgroup analysis: If the necessary data are available, subgroup analysis will be carried out according to different factors as follows: the type of acupuncture, the duration or dosage of moxibustion, period of treatment, and the type of intervention in the control group or the study group.

Sensibility analysis: If the necessary data are available, subgroup analysis will be carried out according to different factors as follows: the type of acupuncture, the duration or dosage of moxibustion, period of treatment, and the type of intervention in the control group or the study group. A sensitivity analysis will be performed when there is significant heterogeneity according to the following aspects: sample size, heterogeneity qualities, methodological elements, and characteristic of research. If heterogeneity is reduced after low-quality or small sample studies are excluded, and we must be more cautious in concluding.

Country(ies) involved: China.

Keywords: chronic prostatitis/chronic pelvic pain syndrome; acupuncture; AMSTAR-2; PRISMA; GRADEE; overview.

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