

INPLASY PROTOCOL

To cite: Li et al. Traditional Chinese medicine Lianhua Qingwen for treating COVID-19: A protocol for a meta-analysis and systematic review of randomized controlled trials. Inplasy protocol 2020120043. doi: 10.37766/inplasy2020.12.0043

Received: 07 December 2020

Published: 08 December 2020

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Support: 81803732.

Review Stage at time of this submission: Piloting of the study selection process.

Conflicts of interest:
The authors have no conflicts of interest to disclose.

Traditional Chinese medicine Lianhua Qingwen for treating COVID-19: A protocol for a meta-analysis and systematic review of randomized controlled trials

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Review question / Objective: We aim to conduct a systematic review and meta-analysis of randomised controlled trials (RCTs) to evaluate the efficacy of LHQW in patients with COVID-19.

Condition being studied: COVID-19.

Information sources: Cochrane Library, PubMed, EMBASE, and Web of Science. While the Chinese literature comes from CNKI, Wanfang database, Chinese Biomedical Literature Database (CBM), and Chinese Scientific and Journal Database (VIP). Chinese Clinical Trial Registry (ChiCTR) and Clinicaltrials.gov .

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 08 December 2020 and was last updated on 08 December 2020 (registration number INPLASY2020120043).

INTRODUCTION

Review question / Objective: We aim to conduct a systematic review and meta-analysis of randomised controlled trials (RCTs) to evaluate the efficacy of LHQW in patients with COVID-19.

Condition being studied: COVID-19.

METHODS

Participant or population: COVID-19(as diagnosed by a clinician, or using any recognized diagnostic criteria), with a comparison between a combination of

LHQW (capsules, granules, or other types) combined with conventional and conventional therapy only.

Intervention: LHQW(capsules, granules, or other types) or with conventional therapy for COVID-19.

Comparator: The control group can be treated with other treatments except LHQW.

Study designs to be included: Randomized controlled trials (RCTs) will be included.

Eligibility criteria: 1. clinical randomized controlled trials 2. diagnosed with COVID-19. Except that participants must be over 18 years old 3. The test group is used LHQW(capsules, granules, or other types) or with conventional therapy for COVID-19. The control group can be treated with other treatments except LHQW 4. outcomes include total clinical effective rate, relief time of main symptoms(such as fever, cough, myalgia, or fatigue), improvement rate of lung CT, adverse events. Secondary outcomes are mainly composed of effective rate of clinical symptoms, the rate of conversion to severe cases, treatment time.

Information sources: Cochrane Library, PubMed, EMBASE, and Web of Science. While the Chinese literature comes from CNKI, Wanfang database, Chinese Biomedical Literature Database (CBM), and Chinese Scientific and Journal Database (VIP). Chinese Clinical Trial Registry (ChiCTR) and Clinicaltrials.gov .

Main outcome(s): Total clinical effective rate, relief time of main symptoms (such as fever, cough, myalgia, or fatigue), improvement rate of lung CT, adverse events. Secondary outcomes are mainly composed of effective rate of clinical symptoms, the rate of conversion to severe cases, treatment time.

Quality assessment / Risk of bias analysis: The quality of included studies was assessed by two independent reviewers (SSL and AJM) according to the Cochrane

Handbook for Systematic Reviews of interventions. The following seven items, such as random sequence generation (selection bias), allocation concealment (selection bias), blinding of participants and personnel (performance bias), blinding of outcome assessment (detection bias), incomplete outcome data (attrition bias), selective outcome reporting (reporting bias) and other bias.

Strategy of data synthesis: Low bias, high bias, and unclear bias. By discussing the differences, a consensus will be reached between the two reviewers or seek third-party consultation.

Subgroup analysis: Total clinical effective rate, relief time of main symptoms (such as fever, cough, myalgia, or fatigue), improvement rate of lung CT, adverse events.

Sensibility analysis: Not given.

Language: English.

Country(ies) involved: China.

Keywords: COVID-19, meta-analysis, protocol, Lianhua Qingwen, systematic review.

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