INPLASY PROTOCOL

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Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None.

Clinical Efficacy of Rhythm vs Rate Control in Patients with Atrial Fibrillation(AF) Based on 16 Trials: A Meta-Analysis

Wang, Z[1]; Li, Y[2]; Liu, Y[3]; Yang, T[4]; Yu, Y[5]; Wang, J[6]; Chi, Y[7].

Review question / Objective: **P:Patients with Atrial Fibrillation(AF); I:Rhythm Control; C:Rate Control; O: 1.Exercise Load Test, Distance of 6min Walk Tests, Hospitalization, QOL, Echocardiography, Mortality etc.; S:RCT.**

Condition being studied: **Atrial Fibrillation(AF). At present, the issue is controversial and there is no clear recommendation in the Guidelines. Existing meta analysis didn't include sufficient trials and outcome.**

Information sources: **Electronic database(Web of Science, Embase, PMC)**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 January 2021 and was last updated on 24 January 2021 (registration number INPLASY202110093).

INTRODUCTION

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METHODS

Participant or population: Patients with Atrial Fibrillation(AF) = 10723.

Intervention: Rhythm Control.

Comparator: Rate Control.

Study designs to be included: RCT.

Eligibility criteria: A randomized controlled trials of atrial fibrillation. The results of this study were compared between the Rhythm control and Rate Control group.Data is complete and extractable.

Information sources: Electronic database(Web of Science, Embase, PMC).

Main outcome(s): Exercise Load Test, Distance of 6min Walk Tests, QOL, Mortality.

Additional outcome(s): Embolic Events, Echocardiography, Hospitalization.

Data management: The Meta analysis of counting and continuous data is carried out by Stata15.0 software. The counting data are expressed as OR and 95%CI, and the continuous data are expressed as SMD and 95%CI.

Quality assessment / Risk of bias analysis: The Jadad score, which indicates the quality of studies based on their description of randomization, blinding, and dropouts (withdrawals), was used to assess the methodological quality of trials. The quality scale ranges from 0 to 5 points, with a score of ≤ 2 indicating a low quality report, and a score of ≥ 3 indicating a high quality report.

Strategy of data synthesis: In the count class data, we studied the proportion of positive events.Continuous data need to be presented in the form of Difference of "Mean±SD"(before and after treatment).

Subgroup analysis: By type of disease and complications.

Sensitivity analysis: We used Stata15.0 software for sensitivity analysis. When the effect exceeds 95% CI upper and lower limits, or 95% CI upper and lower limits exceed the mean, this study is the main factor of heterogeneity.

Language: English.

Country(ies) involved: China.

Keywords: Atrial Fibrillation, Rhythm Control, Rate Control, Meta-analysis.

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