

INPLASY PROTOCOL

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None declared.

Efficacy of acupuncture combined with traditional Chinese medicine on chronic prostatitis :a Protocol for Systematic Review and Meta-analysis

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Review question / Objective: To evaluate the efficacy of chronic prostate with traditional Chinese medicine combined with acupuncture.

Condition being studied: Chronic prostatitis is a common and frequently occurring disease in middle-aged and elderly men. At present, the incidence of prostatitis tends to be young; According to statistics, about 50% of men in the world will be affected by prostatitis in their lifetime, its main performance for the lower abdomen, perineal pain, and frequency of urination, urination, urination and other abnormal conditions, with slow onset, stubborn disease, repeated attack characteristics. No single drug can achieve a good clinical effect, acupuncture combined with traditional Chinese medicine, as one of the characteristic therapies of traditional Chinese medicine, has a certain relief and treatment effect on chronic prostatitis, and has been supported by certain research results.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 March 2021 and was last updated on 23 March 2021 (registration number INPLASY202130083).

INTRODUCTION

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METHODS

Participant or population: Patients with chronic prostatitis.

Intervention: Acupuncture combined with traditional Chinese medicine.

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

Study designs to be included: Randomized controlled trials (RCTs) which assessed the efficacy of acupuncture combined with traditional Chinese medicine for chronic prostatitis will be included.

Eligibility criteria: Subjects: Patients with chronic prostatitis (Under the age of 50,). Intervention measures: Acupuncture (such as Guanyuan point, Shenshu point and so on) combined with traditional Chinese medicine were used as the intervention measures in the treatment group, while conventional were used other therapy like western medicine, placebo, pure acupuncture, or any combination of these as the intervention measures in the control group Outcome measures: clinical effectiveness rate, symptoms went away (frequent micturition, urgent urination and decreased force of urination) etc.

Information sources: China National Knowledge Infrastructure (CNKI), WangFang Database (WF), Chinese Scientific Journal Database(VIP), Chinese

Biomedical Literatures Database(CBM), Pubmed, EMBASE, The Cochrane Library.

Main outcome(s): Clinical effectiveness rate which be divided into markedly effective, effective, or ineffective according to clinical symptoms.

Quality assessment / Risk of bias analysis: Quality assessment: According to the improved Jadad scoring scale, the quality of the included literature was evaluated. 1-3 were classified as low quality and 4-7 as high quality. Risk of bias assessment: The methodological quality of the RCTs will be independently assessed by two reviewers(ZXL/WYH) according to the Cochrane Intervention System Review Manual (version 5.1.0). Seven areas will be considered and evaluated 3 levels ("low risk", "high risk" or "unclear risk") . Any disagreements will be resolved through discussion or consultation with a third reviewer(WWC).

Strategy of data synthesis: RevMan 5.4 software (Cochrane Collaboration) was used for the meta-analysis. Dichotomous data were reported as risk ratio (RR) with 95% confidence intervals (CI), while continuous data were reported as standardized mean difference (SMD) with 95% CIs. The I^2 test was used to test heterogeneity with a significance level set at 50%. If heterogeneity was not significant ($I^2 \leq 50\%$), the fixed-effect model was used for meta-analysis. Otherwise, the random-effect model was used ($I^2 \geq 50\%$). If possible, we investigated the potential explanations for heterogeneity and conducted subgroup analysis.

Subgroup analysis: If the necessary data are available, subgroup analysis will be carried out according to different factors as follows: 1. Control interventions (western medicine, placebo, pure acupuncture, no treatment, etc.). 2. Outcome indicators.

Sensitivity analysis: Sensibility analysis: To assess the influence of each individual study, leave-one-out sensitivity analysis was performed iteratively by removing one

study at a time to confirm that the findings were not influenced by any single study.

Country(ies) involved: China.

Keywords: Chronic prostatitis, traditional Chinese medicine , acupuncture, protocol, systematic review, Meta-analysis.

Contributions of each author:

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