

INPLASY PROTOCOL

To cite: Jiang et al.
Effectiveness of acupuncture
treatment of patients on
ulcerative colitis with anxiety
and depression: A protocol for
systematic review and meta-
analysis. Inplasy protocol
202140012. doi:
10.37766/inplasy2021.4.0012

Received: 02 April 2021

Published: 02 April 2021

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Support: GJJ201238.

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

Conflicts of interest:
None declared.

Effectiveness of acupuncture treatment of patients on ulcerative colitis with anxiety and depression: A protocol for systematic review and meta-analysis

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Review question / Objective: To evaluate the effectiveness of acupuncture treatment of patients on UC with anxiety and depression, and provide the latest evidence-based medical evidence for it.

Condition being studied: Ulcerative colitis (UC) is a chronic non-specific inflammatory disease with a yearly incidence. Studies have shown that anxiety and depression are complication of UC, and also a causative factor for recurrent episodes. Drugs for anxiety and depression have many side effects. Many previous studies have shown that acupuncture treatment is effective and safe, but without systematic reviews. This study aims to systematically study the effectiveness of acupuncture treatment for patients on UC with anxiety and depression.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 02 April 2021 and was last updated on 02 April 2021 (registration number INPLASY202140012).

INTRODUCTION

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effective and safe, but without systematic reviews. This study aims to systematically study the effectiveness of acupuncture treatment for patients on UC with anxiety and depression.

METHODS

Participant or population: All patients diagnosed with UC with based on clinical symptoms and endoscopy and exclusion of infection.

Intervention: The experimental group used acupuncture treatment, including body acupuncture, moxibustion, ear acupuncture, etc.

Comparator: The control group was treated with non-acupuncture, such as sham acupuncture, placebo, antidepressant, etc. There are no restrictions on acupuncture points, time and frequency.

Study designs to be included: All RCTs compared acupuncture with placebo or other drugs in the treatment of UC with anxiety and depression, whether blinded or unblinded.

Eligibility criteria: (1) Non-RCT literature. (2) Animal experiments, case reports and reviews. (3) Duplicate literature. (4) Patients with UC and bacterial infection. (5) Articles for which data cannot be obtained.

Information sources: We will use 8 databases to search all relevant literature resources. Including four English databases PubMed, EMBASE, Web of Science, Central, and four Chinese databases China Biomedical Literature (CBM), the Wanfang Chinese digital periodical and conference database (WanFang Data), China National Knowledge Infrastructure database (CNKI), and the VIP Chinese Science and Technique Journals Database (VIP). The search time is limited to the establishment of the database until March, 2021. The key words include “acupuncture”, “moxibustion”, “ear points”, “ulcerative colitis”, “UC”, “anxiety”, “depression” and “random allocation”. The ongoing or unpublished

trials also searched by us from the National Institutes of Health (NIH) clinical registry Clinical Trials, International Clinical Trials Registry Platform (ICTRP) and the Chinese clinical trial registration platform.

Main outcome(s): The primary outcome measure are Hamilton Anxiety (HAMA) scale and Hamilton Depression (HAMD) scale.

Additional outcome(s): The secondary outcome measures include Self-Rating Depression Scale (SDS), Self-Rating Anxiety Scale (SAS) and Hospital Anxiety and Depression Scale (HADS).

Quality assessment / Risk of bias analysis: To assess the bias of the included literature, we will use the Cochrane risk assessment tool. Its main content includes the following 7 items: random method selection; allocation hiding; blind method, completeness of the result data; whether the evaluator is blind; selectively reporting results; other biases. The above 7 items all contain 3 options of "yes", "no" and "unclear", and are properly evaluated by 2 researchers. If there is a disagreement during the evaluation process, find a third party for discussion.

Strategy of data synthesis: RevMan V.5.3 software will be used for data analysis and quantitative data synthesis. For continuous data, the standard mean difference (SMD) with 95% confidence interval (CI) will be used for analysis. For dichotomous data, a risk ratio (RR) with 95% CI will be used for evaluation.

Subgroup analysis: If necessary, we will conduct a subgroup analysis based on the type of acupuncture, acupoints and other factors.

Sensitivity analysis: In addition, we will also perform sensitivity analysis to test the stability of the results.

Language: Chinese and English.

Country(ies) involved: China.

Keywords: ulcerative colitis, acupuncture, anxiety, depression, systematic review.

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