

INPLASY PROTOCOL

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

Conflicts of interest:
None declared.

The effects of Su-Zi-Jiang-Qi decoction (SZJQ) in acute exacerbation of chronic obstructive pulmonary disease: a systematic review and meta-analysis

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Review question / Objective: P: Patients who were diagnosed as AECOPD were included. I: Subjects in experiment group were treated with SZJQ in combination with conventional western medicine therapies. C: Subjects in control group were only treated with conventional western medicine therapies. O: Overall effective rate (OR); pulmonary function index, including forced expiratory volume in one second (FEV1), forced vital capacity (FVC), peak expiratory flow (PEF) and FEV1/FVC rates; Arterial Blood Gas Analysis (ABG), including partial pressure of oxygen (PaO₂) and partial pressure of carbon dioxide (PaCO₂). S: RCT.

Condition being studied: Chronic obstructive pulmonary disease.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 30 June 2021 and was last updated on 30 June 2021 (registration number INPLASY202160115).

INTRODUCTION

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METHODS

Participant or population: Patients who were diagnosed as COPD were included. The diagnostic criteria complied to the guidelines for the management of chronic obstructive pulmonary disease (revised version in 2007 and 2013), which was drawn up by Respiratory Society of Chinese Medical Association, as well as other diagnostic criteria for AECOPD.

Intervention: Subjects in experiment group were treated with Suzi Jiangqi Decoction in combination with conventional western medicine therapies.

Comparator: Subjects in control group were only treated with conventional western medicine therapies.

Study designs to be included: A study of dichotomy.

Eligibility criteria: Two researchers retrieved literature independently, and then cross checked the collected data. Information extraction mainly includes authors, source, publication time, gender, age, sample size, and intervention methods, etc.

Information sources: RTCs and quasi-RCTs, that AECOPD therapies including SZJQ combined with conventional western medicine, or only with conventional western medicine therapy were searched in databases including PubMed, Web of science, the Cochrane Library, CBM, CNKI, Sinomed, VIP and WanFang.

Main outcome(s): The following indicators were analyzed: Overall effective rate (OR); pulmonary function index, including forced expiratory volume in one second (FEV₁), forced vital capacity (FVC), peak expiratory flow (PEF) and FEV₁/FVC rates; Arterial

Blood Gas Analysis (ABG), including partial pressure of oxygen (PaO₂) and partial pressure of carbon dioxide (PaCO₂).

Quality assessment / Risk of bias analysis:

The included studies were evaluated for quality according to the RCT quality assessment method provided by Cochrane Reviewer's Handbook 5.3, which mainly includes (1) whether the study used the random assignment; (2) Whether the study concealed groups on purpose; (3) whether the blind method was used on research objects, implementers of the therapeutic strategies and results measurement; (4) whether the result data was complete; (5) Whether the study reported research results selectively; (6) Whether there were other sources of bias. Yes (low bias), no (height deviation), unclear (uncertain bias). The data were retrieved and extracted independently by two evaluators, and disagreements were resolved through negotiation or with the assistance of a third investigator.

Strategy of data synthesis: RTCs and quasi-RCTs, that AECOPD therapies including SZJQ combined with conventional western medicine, or only with conventional western medicine therapy were searched in databases including PubMed, Web of science, the Cochrane Library, CBM, CNKI, Sinomed, VIP and WanFang. The retrieval time spanned from the database construction to September 26, 2019. References in literature were included too.

Subgroup analysis: Based on the empirical prediction from clinical applications of SZJQ, we will perform the following subgroups analyses to explore the sources of heterogeneity.

Sensitivity analysis: In order to validate the robustness of the meta-analytic estimates, we will perform sensitivity analyses: excluding studies with a high risk of bias; and using fixed effects model to pool the data in the meta-analyses.

Country(ies) involved: China.

Keywords: Su-Zi Jiang-Qi decoction; Acute exacerbation of chronic obstructive pulmonary disease; Clinical efficacy; Meta-analysis.

Contributions of each author:

Author 1 - XING LEI - The author drafted the manuscript.

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