

# INPLASY PROTOCOL

To cite: Wang et al.  
Complementary and  
alternative therapies for stable  
angina pectoris of coronary  
heart disease A protocol for  
systematic review and network  
meta-analysis. Inplasy protocol  
202210066. doi:  
10.37766/inplasy2022.1.0066

Received: 13 January 2022

Published: 13 January 2022

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**Support:** None declared.

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

**Conflicts of interest:**  
None declared.

## Complementary and alternative therapies for stable angina pectoris of coronary heart disease A protocol for systematic review and network meta-analysis

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**Review question / Objective:** This meta-analysis of randomized controlled trials was designed to evaluate the efficacy and safety of complementary and alternative therapies for stable angina pectoris in coronary heart disease. **Information sources:** We will comprehensively search the following databases for relevant literature published from the creation date to January 15, 2022: China biomedical literature database (CBM), China Knowledge Network (CNKI), Wangfang database (Wangfang), VIP database (VIP), PubMed, EMBASE database, Cochrane Library, Central Register of clinical trials, and. Government clinical registration system.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 January 2022 and was last updated on 13 January 2022 (registration number INPLASY202210066).

### INTRODUCTION

**Review question / Objective:** This meta-analysis of randomized controlled trials was designed to evaluate the efficacy and safety of complementary and alternative therapies for stable angina pectoris in coronary heart disease.

**Condition being studied:** Coronary atherosclerotic heart disease (CHD) refers to a heart disease caused by myocardial ischemia and hypoxia due to stenosis or occlusion in the lumen caused by atherosclerotic lesions of the coronary artery. Stable angina pectoris of coronary heart disease, also known as exertional

angina pectoris, is based on the fixed severe stenosis of the coronary artery, It is a clinical syndrome of acute transient ischemia and hypoxia due to the increase of myocardial load. It is characterized by paroxysmal anterior chest crushing pain or suffocation, mainly located at the back of the sternum and can radiate to the precordial area or the ulnar side of the left upper limb. It often occurs when the labor load increases, can last for several minutes, and the pain disappears after rest or nitrate preparation. The degree, frequency, nature and inducing factors of pain attack can not change significantly within weeks and months. The incidence rate of CHD with Stable angina pectoris has been increasing in recent years. It has been reported that CHD with Stable angina pectoris is accompanied by a certain degree of autonomic dysfunction during the development of CHD pectoris. It not only induces and increases the risk of cardiac autonomic dysfunction, but also reduces the stability of cardiac function to some extent. Stable angina pectoris is not only a key factor affecting the quality of life of patients, but also closely related to the long-term prognosis of patients.

## METHODS

**Participant or population:** Patients diagnosed with CHD with stable angina pectoris. Subjects must meet the following conditions: 1) onset of stable angina pectoris, onset of coronary heart disease related dyspnea and other symptoms; 2) Previous symptoms, asymptomatic after drug treatment or vascular reconstruction; 3) Microvascular lesions; 4) Vasospasm. Regardless of age, sex, race, or nationality.

**Intervention:** The experimental group used Chinese herbal compound, Chinese patent medicine, acupuncture, acupoint application, massage, cupping, traditional skill and so on. The above treatment methods can be used alone or in combination.

**Comparator:** The control group was given routine treatment such as western medicine, placebo and non treatment.

**Study designs to be included:** RCT will be included.

**Eligibility criteria:** Inclusion criteria: Patients with stable angina pectoris of coronary heart disease, unlimited gender, age and course of disease Exclusion criteria: Patients with acute coronary syndrome and other complications of coronary heart disease

**Information sources:** We will comprehensively search the following databases for relevant literature published from the creation date to January 15, 2022: China biomedical literature database (CBM), China Knowledge Network (CNKI), Wangfang database (Wangfang), VIP database (VIP), PubMed, EMBASE database, Cochrane Library, Central Register of clinical trials, and. Government clinical registration system.

**Main outcome(s):** Main results: clinical symptoms of angina pectoris, ECG efficacy, TCM syndrome efficacy, nitroglycerin reduction rate, exercise treadmill test

**Quality assessment / Risk of bias analysis:** Two researchers used Cochrane system evaluator manual 5.3. The recommended bias risk assessment tool evaluates the quality of the included study, and evaluates the quality of the study according to seven aspects: random method, allocation concealment, subject blind method, result evaluation blind method, data integrity, selective report and other bias (such as whether the included trial reports the source of funds, conflict of interest, baseline, etc.). For each item, the correct application of the method is low risk, the unclear description of the method is unclear risk, and the incorrect or unused method is high risk. The researcher shall complete and cross check independently. If there are differences, they shall be solved through discussion or assisted by a third researcher.

**Strategy of data synthesis:** State.

**Subgroup analysis:** Revman 5.4.

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**Sensitivity analysis:** Revman 5.4.

**Country(ies) involved:** China.

**Keywords:** complementary and alternative therapies, network meta-analysis, protocol, Stable angina pectoris, coronary heart disease.

**Contributions of each author:**

Author 1 - Guanyu Wang.

Author 2 - Feiran Li.

Author 3 - Xu Hou.