INPLASY PROTOCOL

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Review Stage at time of this submission: Preliminary searches.

Conflicts of interest:
None declared.

Intervention effect of continuous nursing on cure rate and whole-course treatment rate of pulmonary tuberculosis patients: A Meta-analysis

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Review question / Objective: Intervention effect of continuous nursing on cure rate and whole-course treatment rate of pulmonary tuberculosis patients:P：tuberculosis patients；I：Continuing care on the basis of routine care；C：routine care；O：Cure rate and overall treatment rate；S：RCT.

Condition being studied: Pulmonary tuberculosis is a common chronic infectious disease. The pathogenic factor of the disease is caused by the invasion of Mycobacterium tuberculosis into the lungs of patients. Pulmonary tuberculosis has the characteristics of high infectivity and strong pathogenicity, which poses a great threat to the life of patients. The treatment of pulmonary tuberculosis requires long-term medication, but patients are easily affected by various factors after being discharged from the hospital.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 January 2022 and was last updated on 16 January 2022 (registration number INPLASY202210076).

INTRODUCTION

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METHODS

Participant or population: Pulmonary tuberculosis patients confirmed by pathology and imaging in line with the diagnostic criteria for pulmonary tuberculosis formulated by WHO and Chinese Medical Association.

Intervention: Continuing care on the basis of routine care.

Comparator: Routine care.

Study designs to be included: RCT.

Eligibility criteria: Pulmonary tuberculosis patients confirmed by pathology and imaging in line with the diagnostic criteria for pulmonary tuberculosis formulated by WHO and Chinese Medical Association.

Information sources: Cnki, Wanfang Data, Cpvip, CBM, PubMed, EMbase, the Cochrane Library, Web of Science.

Main outcome(s): Cure rate and overall treatment rate.

Quality assessment / Risk of bias analysis: The risk of bias assessment tool in Cochrane Reviewer's Handbook 5.1.0 was used to evaluate the quality of the literature, and RevMan 5.4 software was used to draw the results into a risk of bias map.

Strategy of data synthesis: Excel was used to extract the basic information of the literature, Rev Man 5.4 software was used for statistical analysis, and the GRADE web version was used for quantitative evaluation of evidence. Quantitatively determine the magnitude of heterogeneity. If there is no statistical heterogeneity among the study results or the heterogeneity is small, a fixed-effect model is used for meta-analysis; if the statistical heterogeneity among the study results is large, the source of heterogeneity is further analyzed, and the source of heterogeneity is further analyzed. After the effect of significant clinical heterogeneity, a meta-analysis was performed using a random-effects model.

Subgroup analysis: Subgroup analyses based on duration of continuation of care are currently plannedSubgroup analysis by length of continuation of care.

Sensitivity analysis: Sensitivity analysis was performed using Rev Man 5.4 software, and the sensitivity of this article was reflected by the effect size after deleting one of them.

Country(ies) involved: China.

Keywords: continuing care; tuberculosis; meta-analysis.

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