INPLASY PROTOCOL

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Review Stage at time of this submission: **Data extraction.**

Conflicts of interest:
None declared.

Assessment of acupuncture for treating herpes zoster: a protocol for an umbrella systematic review and meta analysis

Li, J[1]; Li, Z[2]; She, Y[3]; Lin, G[4].

Review question / Objective: **Patients who suffer from HZ in line with the consensus of Chinese experts will be included, regardless of sex, race and time of onset . Those who diagnosed with PHN, auto-immune diseases, pregnant women will be excluded.Acupuncture, electroacupuncture, fire needle, skin acupuncture, plum blossom needle, auriculo-acupuncture all these such therapies in treating herpes zoster will be included.The control group's treatment includes drug therapy (such as antiviral acyclovir nutritional nerve medicine or traditional Chinese medicine, etc.) , sham acupuncture, placebo, no treatment, and so on except acupuncture therapy. efficacy rate (with reference to the guiding principles of Clinical Research of New drugs in China (trial)).pain evaluation (pain relief time, pain intensity, visual analogue score, VAS), incidence of residual neuralgia PHN.**

INTRODUCTION

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Condition being studied: Herpes zoster therapy is to relieve acute pain, promote the healing of skin lesions, prevent or alleviate PHN and other acute or chronic complications. Pharmacologic therapy is the first-line treatment,Acupuncture therapies are recommended in Chinese medicine clinical practice guidelines for the treatment of acute symptoms of herpes zoster, with a low incidence of residual neuralgia and significant effect in the acute phase of herpes zoster.

METHODS

Participant or population: Patients who suffer from HZ.

Intervention: Acupuncture, electroacupuncture, fire needle, skin acupuncture, plum blossom needle, auriculo-acupuncture all these such therapies in treating herpes zoster will be included.

Comparator: The control group's treatment includes drug therapy (such as antiviral acyclovir nutritional nerve medicine or traditional Chinese medicine, etc.) , sham acupuncture, placebo, no treatment, and so on except acupuncture therapy.

Study designs to be included: SRs and MAs of RCTs and CCTs for HZ using acupuncture will be included, published in English and Chinese.

Eligibility criteria: SRs and MAs of RCTs and CCTs for HZ using acupuncture will be included, published in English and Chinese.

Information sources: We will retrieve reviews in PubMed, EMBASE, The Cochrane Library, Web of Science, Chinese Biomedical Literature Database, VIP Database, China National Knowledge Infrastructure and Wan fang Database from inception to Jan.2022, the language is limited to Chinese and English, and the combination of MESH terms and entry terms is used. Intervention(Acupuncture, electroacupuncture, fire needle, skin acupuncture, plum blossom needle, auriculo-acupuncture), disease (HZ, zoster, varicella zoster virus, variants, and shingles), study design (RCT, comparative studies, controlled, placebo), irrespective of language and publication will be search terms.

Main outcome(s): Two researchers will evaluate the evidence quality of the outcomes: efficiency, VAS score and incidence of residual neuralgia, using AMSRAR-2 and GRADE.

Quality assessment / Risk of bias analysis: AMSTAR-2 and GRADE are used to evaluate the quality. Two researchers will conduct the risk of bias of the included studies through RIOBS.

Strategy of data synthesis: Dichotomous data will be expressed as risk ratio (RR) with 95% confidence intervals (95% CIs), and continuous data as mean difference (MD) or standard mean difference (SMD) with 95% CI.The meta-analysis was re-analyzed using Revam5.3 software.

Subgroup analysis: Vas will be a subgroup to analysis.

Sensitivity analysis: None.

Country(ies) involved: China.

Keywords: herpes zoster; acupuncture; meta-analysis; umbrella review; AMSTAR-2; GRADE.

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