# INPLASY PROTOCOL

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

Conflicts of interest: None declared.

# INTRODUCTION

**Review question / Objective:** The aim of this study was to evaluate the effect of driving pressure (DP)guided ventilation strategy on the patients with mechanical ventilation in the hospital. RCTs were included to study.

The effect of driving pressureguided ventilation strategy on the patients with mechanical ventilation: A Meta-Analysis of Randomized Controlled Trial

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**Review question / Objective:** The aim of this study was to evaluate the effect of driving pressure (DP)guided ventilation strategy on the patients with mechanical ventilation in the hospital. RCTs were included to study.

Eligibility criteria: Studies were included based on the following criteria: 1. Study type: Randomized controlled trials (RCTs); 2. Patient population: Patients with MV aged  $\geq$  18 years; 3. Intervention group: driving pressure guided ventilation strategy; 4. Control group: lung protective ventilation (LPV) strategy.

Information sources: The articles published in PubMed, the Cochrane Library, the China National Knowledge Information (CNKI), Wei Pu, Wan fang database and Web of science from inception to September 2021 were retrieved.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 April 2022 and was last updated on 19 April 2022 (registration number INPLASY202240113).

Condition being studied: The researchers are experienced.

# METHODS

Search strategy: A basic search was performed using the following Subject terms and Synonyms: ("driving pressure") AND ("Respiration, Artificial" [with related synonyms: Respirations, Artificial; Artificial Respiration; Artificial Respirations; Mechanical Ventilations; Ventilations, Mechanical; Ventilation, Mechanical; Mechanical Ventilation]).

Participant or population: Patients with mechanical ventilation - Seven studies (n=1405 patients) were included.

**Intervention:** Intervention group: driving pressure guided ventilation strategy.

**Comparator:** Control group: lung protective ventilation (LPV) strategy.

Study designs to be included: RCTs.

Eligibility criteria: Studies were included based on the following criteria: 1. Study type: Randomized controlled trials (RCTs); 2. Patient population: Patients with MV aged  $\geq$  18 years; 3. Intervention group: driving pressure guided ventilation strategy; 4. Control group: lung protective ventilation (LPV) strategy.

Information sources: The articles published in PubMed, the Cochrane Library, the China National Knowledge Information (CNKI), Wei Pu, Wan fang database and Web of science from inception to September 2021 were retrieved.

Main outcome(s): The primary outcome was mortality.

Additional outcome(s): Secondary outcomes included OI, driving pressure, respiratory compliance, complications, platform pressure, duration of MV and the length of hospital stay.

Quality assessment / Risk of bias analysis: For the assessment of methodologic quality and risk of bias, we evaluated each included study according to the Cochrane risk-of-bias instrument.

Strategy of data synthesis: RevMan5. 4 software was used for all statistical analyses. We used the Q test and the  $I^2$  statistic to assess statistical heterogeneity13. If the outcome of

heterogeneity was low, as defined by an  $I^2$  < 50% or/and P>0.1, we used the fixedeffects models to synthesize results. If heterogeneity was high, as indicated by an  $I^2$  statistic greater than 50% and P<=0.1, we used the random-effects models to synthesize results. We performed the analyses using the fixed-effects models and random-effects for dichotomous and continuous data, respectively.

Subgroup analysis: No subgroup analysis.

Sensitivity analysis: No sensitivity analysis.

Language: No language restriction was applied for article selection.

Country(ies) involved: China.

**Keywords:** driving pressure; mechanical ventilation; ventilator-induced lung injury (VILI); meta-analysis.

#### **Contributions of each author:**

Author 1 - Mingxing Fang. Author 2 - Yan Li. Author 3 - Qi Zhang. Author 4 - Na Llu. Author 5 - Xlaoyan Tan. Author 6 - Hai Yue.