INPLASY PROTOCOL

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None declared.

Efficacy of Moxibustion therapy for psychological sequelae in COVID-19 survivors A protocol for systematic review and meta-analysis

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Condition being studied: **2.2.1. Types of studies All relevant of randomized controlled trials (RCTs) in moxibustion and related therapies interventions for anxiety in COVID-19. No restrictions are on country but language will be limited on English and Chinese. 2.2.2. Participants Participants who were diagnosed as COVID-19 with anxiety will be included, without limits on age, gender, and race. The diagnosis of COVID-19 includes Chinese or international diagnostic criteria. 2.2.3. Intervention and Comparator The treatment group took moxibustion as intervention or moxibustion combined with other treatment methods, and in the control group were given routine treatment. 2.2.4. Outcomes Any rating scale that describes anxiety, depression, and life quality. 2.3. Exclusion criteria (1) Studies without a control group. (2) Review articles, techniques, case reports, letters to the editor, and editorials are excluded.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 April 2022 and was last updated on 23 April 2022 (registration number INPLASY202240141).

INTRODUCTION

Review question / Objective: **PICOS will be applied, including population, intervention, comparison, outcome, and study.**

Rationale: **COVID-19 has not only caused severe physical damage to patients, but also has a significant psychological impact on patients. Moxibustion is simple, inexpensive and effective, and has a direct role in warming Yang. Moxibustion therapy**

has a good clinical effect, but the lack of effective evidence-based medical evaluation limits its wide application.

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METHODS

Search strategy: Two investigators will retrieve the relevant myofascial pain syndrome in the lower back in the following databases: PubMed, Embase, the Cochrane Library, CNKI, Chinese VIP information, Wanfang Database, and CBM, from inception until April 2022. The language will be restricted to Chinese and English. A comprehensive search strategy will be conducted, Keywords, free words, and MeSH terms including “moxibustion” or “moxibustion therapy” or and “anxiety” or “depression” or “Post-traumatic stress disorder” or “Mood disorders” or “Psychological disorders” were used. The retrieval strategy is shown in Table 1 using PubMed retrieval as an example.

Participant or population: Participants who were diagnosed as COVID-19 with anxiety will be included, without limits on age, gender, and race. The diagnosis of COVID-19 includes Chinese or international diagnostic criteria.

Intervention: The treatment group took moxibustion as intervention or moxibustion combined with other treatment methods, and in the control group were given routine treatment.

Comparator: In the control group were given routine treatment.

Study designs to be included: All relevant of randomized controlled trials (RCTs) in moxibustion and related therapies interventions for anxiety in COVID-19. No restrictions are on country but language will be limited on English and Chinese.

Eligibility criteria: PICOS will be applied, including population, intervention, comparison, outcome, and study.

Information sources: Two investigators will retrieve the relevant myofascial pain syndrome in the lower back in the following databases: PubMed, Embase, the Cochrane Library, CNKI, Chinese VIP information, Wanfang Database, and CBM, from inception until April 2022. The language will be restricted to Chinese and English. A comprehensive search strategy will be conducted, Keywords, free words, and MeSH terms including “moxibustion” or “moxibustion therapy” or and “anxiety” or “depression” or “Post-traumatic stress disorder” or “Mood disorders” or “Psychological disorders” were used. The retrieval strategy is shown in Table 1 using PubMed retrieval as an example.

Main outcome(s): Any rating scale that describes anxiety, depression, and life quality.

Quality assessment / Risk of bias analysis: Publication bias was assessed using funnel plots generated using RevMan (version: 5.3.5 [Java 7 64 bit]) Analysis Software. We used the method of independent visual inspection by two review authors. A third review author was consulted in cases of disagreement.

Strategy of data synthesis: The meta-analysis was performed with Review Manager 5.3 and STATA 14.2 software. The

outcomes were mainly represented by the mean difference or odds ratio with 95% confidence intervals, and a P value<50% was considered significant. The Cochrane Q-test and I2 statistics were used to assess heterogeneity. When P50% indicated statistical heterogeneity, a random-effects model was used to calculate the outcomes; otherwise, the fixed-effect model was considered.

Subgroup analysis: If there was high heterogeneity in the studies, we performed subgroup analyses to explore the differences in age, sex, interventions, and course of disease/treatment. We used funnel plots to identify whether there was a small study bias if 10 or more studies were included. The asymmetry of funnel plots suggests the possibility of small-study effects, and the results of the analysis were explained cautiously.

Sensitivity analysis: To evaluate the potential for publication bias, the plots of the funnel will be drawn when sufficient studies were available (n≥10). In addition, the risk of publication bias will be appraised by utilizing Egger assessment.

Country(ies) involved: China.

Keywords: Moxibustion, psychological sequelae, coronavirus disease 2019, meta-analysis, protocol.

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