INPLASY PROTOCOL

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Conflicts of interest: None declared.

INTRODUCTION

Review question / Objective: To appraise the selected guidelines systematically by using AGREE II and summarize recommendations about nonpharmacological self-management interventions for the prevention and

Quality appraisal and descriptive analysis of clinical practice guidelines for self-managed non-pharmacological intervention of cardiovascular diseases: protocol for a systematic review

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Review question / Objective: To appraise the selected guidelines systematically by using AGREE II and summarize recommendations about non-pharmacological selfmanagement interventions for the prevention and management of cardiovascular diseases (CVDs) CVDs.

Condition being studied: Cardiovascular disease (CVD) is one of the most common chronic diseases and the leading cause of death worldwide. There are many risk factors (such as smoking, harmful use of alcohol, physical inactivity) have been found related to cardiovascular disease and most of these risk factors are modifiable. The most important way to prevent cardiovascular diseases is healthy lifestyle maintenance and risk factors treatment. Clinical practice guidelines have provided some recommendations of selfmanaged non-pharmacological interventions for clinicians to help patients improve their cardiovascular health.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 05 May 2022 and was last updated on 05 May 2022 (registration number INPLASY202250030).

management of cardiovascular diseases (CVDs) CVDs.

Rationale: Most of the cardiovascular diseases related deaths are preventable. Many clinical practice guidelines provide recommendations of self-management interventions, but there are some limitations, including unknown methodological quality of the guidelines and the inconsistency of the recommendations from different guidelines. It remains uncertain that how to design self-management interventions, meet individual needs and preferences to provide best care for patients with or high risk of CVDs.

Condition being studied: Cardiovascular disease (CVD) is one of the most common chronic diseases and the leading cause of death worldwide. There are many risk factors (such as smoking, harmful use of alcohol, physical inactivity) have been found related to cardiovascular disease and most of these risk factors are modifiable. The most important way to prevent cardiovascular diseases is healthy lifestyle maintenance and risk factors treatment. Clinical practice guidelines have provided some recommendations of selfmanaged non-pharmacological interventions for clinicians to help patients improve their cardiovascular health.

METHODS

Search strategy: Search strategy Terms: cardiovascular disease*, heart disease*, clinical practice guidelines, consensus, non-pharmacological, self manage*, self care Electronic databases: six electronic databases, seven professional heart association websites, and nine guideline repositories.

Participant or population: Patients with or at high risk of cardiovascular diseases.

Intervention: Self-managed nonpharmacological interventions.

Comparator: No.

Study designs to be included: Clinical practice guidelines.

Eligibility criteria: (1)Focus on patients with CVDs or high risk of CVDs(2)Guidelines for healthcare professionals (3)include any type of non-pharmacological interventions that can be self-managed by patients(4)published in English (5)Guidelines with full text (6) The latest version and published within the last 5 years.

Information sources: Electronic databases: PubMed. MEDLINE. Cochrane Library. CINAHL, EMBASE, and Web of Science Professional association websites: National Heart Foundation of Australia, The Cardiac Society of Australia and New Zealand (CSANZ). American Heart Association/ American Stroke Association, Heart and Stroke Foundation of Canada, British Heart Foundation, European Society of Cardiology, and World Heart Federation Guideline repositories: The Guideline International Network, The National Guideline Clearinghouse (NGC), the Australian Clinical Practice Guidelines Portal, National Health and Medical **Research Council (NHMRC), National** Institute for Health, and Care Excellence (NICE), Canadian Medical Association. CPG Infobase, The Turning Research Into Practice (TRIP) database, The Scottish Intercollegiate Guidelines Network, and The New Zealand Guidelines Group.

Main outcome(s): The quality of the selected guidelines will be analysed by using AGREE II. The recommendations of self-managed non-pharmacological interventions, the level of evidence, the class of recommendation and the grade of recommendation provided by the selected guidelines will be compared and summarized.

Additional outcome(s): NA.

Data management: EndNote will be used to manage data in this review.

Quality assessment / Risk of bias analysis: The widely accepted guideline appraisal tool -Appraisal of Guidelines for Research & Evaluation II (AGREE II) will be used to evaluate the quality of the selected clinical practice guidelines.

Strategy of data synthesis: Intraclass correlation coefficient (ICC) will be used to assess the internal consistency and SPSS 27.0 will be conducted to analyse ICC.

Descriptive analysis will be used to compare and summarize the guidelines recommended self-managed nonpharmacological interventions.

Subgroup analysis: NA.

Sensitivity analysis: NA.

Language: English.

Country(ies) involved: Australia.

Other relevant information: No.

Keywords: Cardiovascular disease ; Critical appraisal systematic review; Clinical practice guideline ; self-managed; non-pharmacological intervention.

Dissemination plans: The systematic review will be published in a peer-review journal and may be presented at conferences.

Contributions of each author:

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