INPLASY PROTOCOL

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A meta-analysis and trial sequence analysis of acupuncture treatment on postpartum wind

Wu, QY[1]; Zhang, QY[2]; Wang, KY[3]; Wang, F[4]; Zhang, Y[5].

Review question / Objective: To evaluate the clinical efficacy and safety of acupuncture in the treatment of postpartum wind, a Meta-analysis and trial sequential analysis were conducted in randomized controlled clinical trials.
Condition being studied: Postpartum wind. Members of this study systematically mastered the knowledge of evidence-based medicine and theoretical knowledge of traditional Chinese medicine.
Information sources: We searched seven Chinese and English databases, including CNKI, WANFANG, VIP, CBM, Embase, PubMed and CochraneLibrary.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 09 May 2022 and was last updated on 09 May 2022 (registration number INPLASY202250047).

INTRODUCTION

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based medicine and theoretical knowledge of traditional Chinese medicine.

METHODS

Participant or population: In the original study, the subject was definitely diagnosed with postpartum hemorrhage (age ≥18 years), with no limitation in specific diagnostic criteria, syndrome type, or race, nationality, or gender.

Intervention: Based on the medication of the control group, the treatment group was given acupuncture treatment.

Comparator: Treatment was performed using conventional methods other than acupuncture.

Study designs to be included: RCTs.

Eligibility criteria: RCTs.

Information sources: We searched seven Chinese and English databases, including CNKI, WANFANG, VIP, CBM, Embase, PubMed and Cochrane Library.

Main outcome(s): Clinical effective rate, VAS pain score, low back pain ODI score, limb pain TCM symptom score, limb numbness TCM symptom score, recurrence rate after treatment, adverse reactions.

Quality assessment / Risk of bias analysis: The Cochrane Collaboration's risk assessment tool for bias and the Jadad scale were used for quality evaluation of included studies.

Strategy of data synthesis: (1) heterogeneity test and Meta-analysis: RevMan 5.3 software was used for heterogeneity test and Meta-analysis data processing. i can be used to determine the magnitude of heterogeneity, when p > 0.1, i < 50%, indicating that there was no heterogeneity between studies, and the fixed-effect model was selected for meta-analysis; When P < 0.1, and I ≥ 50%, the heterogeneity between studies existed. The random effect model was selected for Meta-analysis, and the source of heterogeneity adopted subgroup analysis or descriptive analysis. Relative risk (RR) and 95% confidence interval (95%CI) were used for effect amount combination of the two categorical variables, and weighted mean difference (WMD) and 95% CI (95%CI) were used for effect amount combination of the continuity variables. (2) Sensitivity analysis: The original studies were excluded one by one and the remaining studies were combined with effect amount using Stata 16 software. The stability of the results of the meta-analysis was evaluated by comparing the combined results of the old and the new effects. (3) Risk assessment of bias: For outcome indicators that included ≥10 items in the study, the inverted funnel plot in RevMan 5.3 software was used to assess the potential publication bias. (4) Trial sequential analysis: The TSA v0.9 software developed by Copenhagen Clinical Trial Unit (CTU) was used for trial sequential analysis to determine the impact of random errors on the results of the Meta-analysis, and to reduce the occurrence of "Class I errors" in the Meta-analysis, thereby improving the credibility of the study.

Subgroup analysis: The source of heterogeneity was analyzed by subgroup analysis or descriptive analysis.

Sensitivity analysis: The source of heterogeneity was analyzed by subgroup analysis or descriptive analysis.

Country(ies) involved: China.

Keywords: Acupuncture and moxibustion; Postpartum wind; Meta-analysis; Trial sequence analysis; RCTs.

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Author 1 - Qianyan Wu.
Author 2 - Qingyuan Zhang.
Author 3 - Kangyi Wang.
Author 4 - Fei Wang.
Author 5 - Ying Zhang.