

INPLASY PROTOCOL

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None declared.

Effects of self-management interventions in Adults with Acute Coronary Syndrome: A Systematic Review and Meta-Analysis of randomized controlled trials

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Review question / Objective: What are the effects of self-management interventions in adults with Acute Coronary Syndrome?

Condition being studied: Several studies have shown that interventions aimed at reducing the recurrence of Acute Coronary Syndrome (ACS), with combined interventions among them, such as educational and website-use based interventions, that promote adherence to prevention and lifestyle changes and favor self-management and healthy outcomes in patients with this disease. Although the concept of self-management has been discussed in various contexts, the WHO proposes that the cornerstone for health care for human beings with chronic diseases has precisely been self-management. In this way, effective interventions are necessary at the levels of promotion, prevention, recovery, and rehabilitation, with timely and effective management of human and physical resources, to optimize and transform the people's quality of life.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 June 2022 and was last updated on 10 June 2022 (registration number INPLASY202260045).

INTRODUCTION

Review question / Objective: What are the effects of self-management interventions in adults with Acute Coronary Syndrome?

Rationale: Self-management interventions have been proposed as strategies that can reduce mortality related to Acute Coronary Syndrome. However, a review of the available evidence is required to identify the effects.

Condition being studied: Several studies have shown that interventions aimed at reducing the recurrence of Acute Coronary Syndrome (ACS), with combined interventions among them, such as educational and website-use based interventions, that promote adherence to prevention and lifestyle changes and favor self-management and healthy outcomes in patients with this disease. Although the concept of self-management has been discussed in various contexts, the WHO proposes that the cornerstone for health care for human beings with chronic diseases has precisely been self-management. In this way, effective interventions are necessary at the levels of promotion, prevention, recovery, and rehabilitation, with timely and effective management of human and physical resources, to optimize and transform the people's quality of life.

METHODS

Search strategy: The search syntax were adapted for each chosen database to fit the requirements. Medline via Pubmed (("Acute Coronary Syndrome"[Mesh] OR "Coronary Disease"[Mesh] AND "Self-Management"[Mesh] OR "Self Efficacy"[Mesh]).

EMBASE via Ovid ('acute coronary syndrome')/exp OR (('heart muscle ischemia')/de) AND ((self-management)/exp/mj) OR ('self concept')/de).

LILACS Acute Coronary Syndrome [DeCS Category] or Coronary Disease [DeCS Category] and Self-Management [DeCS Category] or Self Efficacy [DeCS Category]. Central "acute coronary syndrome" in Title Abstract Keyword OR "coronary disease" in Title Abstract Keyword AND "self-management program" in Title Abstract Keyword OR "self efficacy" in Title Abstract Keyword.

Participant or population: Adults with Acute Coronary Syndrome.

Intervention: Self-management /Self Efficacy interventions.

Comparator: Control group / usual care / standard care reported.

Study designs to be included: Randomized controlled trials (RCTs) were included.

Eligibility criteria: 1. Randomized controlled trial. 2. Adults over 18 years old. 3. Suffered from Acute Coronary Syndrome.

Information sources: The search was carried out in the databases: Medline (via PubMed), EMBASE via Ovid, LILACS and Central.

Main outcome(s): Effects of self-management on Compliance with Pharmacological Treatment, Changes in Lifestyle and Changes in Clinical Variables were specific measures considered.

Quality assessment / Risk of bias analysis: Cochrane Risk of Bias Assessment Tool.

Strategy of data synthesis: All data were analyzed using the Review Manager (Revman version 5.4.1). For binary variables, the Mantel-Haenszel model was used to obtain relative ratio (RR) and 95% confidence interval (CI). The I² and chi-square tests were used to evaluate the heterogeneity between studies.

Subgroup analysis: Compliance with Pharmacological Treatment subgroups: adherence to medication and achievement of treatment Changes in Lifestyle subgroups: maintenance of physical exercise, quitting smoking, increased consumption of vegetables and fruits, and reduction of alcohol consumption; Changes in Clinical Variables subgroups: weight, body mass index, cholesterol, systolic blood pressure, and HgbA1c.

Sensitivity analysis: Sensitivity analysis was performed by sequential deletion tests to assess each study's impact on the combined effect.

Country(ies) involved: Colombia.

Keywords: Self-Management; Nursing; Acute Coronary Syndrome; Evidence-

Based Nursing, Meta-analysis, Systematic review.

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