INPLASY PROTOCOL

To cite: Shi et al. The Effect and Safety of Xuefu Zhuyu Prescription for Coronary Heart Disease: An Overview of Systematic Reviews and Meta-Analyses. Inplasy protocol 202260077. doi: 10.37766/inplasy2022.6.0077

Received: 18 June 2022

Published: 18 June 2022

Corresponding author:
Hongshuo Shi

zc141319@yeah.net

Author Affiliation:
Qilu Hospital of Shandong University.

Support: **Natural Science Foundation.**

Review Stage at time of this submission: **The review has not yet started.**

Conflicts of interest:
None declared.

The Effect and Safety of Xuefu Zhuyu Prescription for Coronary Heart Disease: An Overview of Systematic Reviews and Meta-Analyses

Shi, HS[1]; Tang, ZH[2]; Yan, L[3].

Review question / Objective: **We, therefore, conducted this study to evaluate the evidence for XFZY for CHD in the real-world implementation arena.**
Condition being studied: **Over the past 10 years, a large number of systematic reviews (SRs)/meta-analyses (MAs) have been completed to assess the potential benefits of XFZY for the health management of patients with CHD.**
Eligibility criteria: **(1) network meta-analyses, SRs/MAs without meta-analysis, review articles, conference abstracts, editorials, case reports, and replication studies; (2) animal experiments; (3) the control group used any one or two or more of the traditional Chinese medical methods.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 18 June 2022 and was last updated on 18 June 2022 (registration number INPLASY202260077).

INTRODUCTION

Review question / Objective: **We, therefore, conducted this study to evaluate the evidence for XFZY for CHD in the real-world implementation arena.**

Condition being studied: **Over the past 10 years, a large number of systematic reviews (SRs)/meta-analyses (MAs) have been completed to assess the potential benefits of XFZY for the health management of patients with CHD.**

METHODS

Participant or population: **Inclusion of the population: patients identified as having CHD based on diagnostic criteria, and**

subjects were not restricted by age, nationality, or gender.

Intervention: Interventions: the control group intervention was conventional treatment (CT) with no other herbal medicines. According to the guidelines, CT should be a routine drug to inhibit angina pectoris, thrombosis, platelet aggregation, arrhythmias, hypertension and, diabetes as well as statins. The intervention method of the experimental group was XFZY or adding XFZY on the basis of the control group.

Comparator: Interventions: the control group intervention was conventional treatment (CT) with no other herbal medicines. According to the guidelines, CT should be a routine drug to inhibit angina pectoris, thrombosis, platelet aggregation, arrhythmias, hypertension and, diabetes as well as statins. The intervention method of the experimental group was XFZY or adding XFZY on the basis of the control group.

Study designs to be included: Type of research: SRs/MAs of randomized controlled trials (RCTs) reported the efficacy or safety of XFZY in CHD.

Eligibility criteria: (1) network meta-analyses, SRs/MAs without meta-analysis, review articles, conference abstracts, editorials, case reports, and replication studies; (2) animal experiments; (3) the control group used any one or two or more of the traditional Chinese medical methods.

Information sources: PubMed, Embase, Cochrane Library, CBM, CNKI, Wanfang database, and VIP database.

Main outcome(s): Clinical efficiency rate, relief of anginal symptoms (RAS), electrocardiogram (ECG), left ventricular end-systolic diameter (LVESD), left ventricular ejection fraction (LVEF).

Quality assessment / Risk of bias analysis:
SRs/MAs Quality Assessment
Two researchers independently assessed the methodological and evidential quality of the included SRs/MAs. Assessment of Methodological Quality The methodological quality of the included SRs/MAs was assessed using the Assessment System for Evaluating Methodological Quality 2 (AMSTAR-2).27 Seven (2, 4, 7, 9, 11, 13, and 15) of the 16 items in the tool were critical areas. Assessment of Reporting Quality The quality of each SR/MA report of the included SRs/MAs was evaluated by the list of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)29 which consists of 27 items focusing on the reporting methods and results that are incorporated into SRs/MAs. Assessment of Quality of Evidence The quality of evidence for each SR/MA outcome was evaluated by The Grading of Recommendations Assessment, Development, and Evaluation (GRADE),30 and the degradation of evidence quality resulted from five aspects, namely, limitations, inconsistencies, indirectness, imprecision, and publication bias. Evidence with less than one degrading factor (including one) was rated as high quality, while evidence with two degrading factors was rated as moderate quality, three degrading factors as low quality, and more than three degrading factors as very low quality.

Strategy of data synthesis: NA.

Subgroup analysis: NA.

Sensitivity analysis: NA.

Country(ies) involved: China.

Keywords: Xuefu Zhuyu Prescription; Coronary Heart Disease; Systematic Reviews; Meta-Analyses; Overview.

Contributions of each author:
Author 1 - Hongshuo Shi.
Author 2 - Zunhao Tang.
Author 3 - Yan Liu.