INPLASY PROTOCOL

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Review Stage at time of this submission: Formal screening of search results against eligibility criteria.

Conflicts of interest: None declared.

Effect of timing of corticosteroids administration on prognosis of sepsis: A systematic review and meta-analysis

Qi, XY[1]; Liang, HY[2]; Wang, YZ[3]; Ding, XF[4]; Zhang, XJ[5]; Sun, TW[6].

Review question / Objective: We research effect of timing of corticosteroids administration on prognosis of sepsis patients. RCTs was chosen as the research method.
Eligibility criteria: The studies reported the timinng and related outcomes of corticosteroids treating for sepsis or septic shock patients.
Information sources: PubMed, Cochrane library, Embase, Chinese BioMedical Literature, Wanfang, China National Knowledge Infrastructure databases.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 15 August 2022 and was last updated on 15 August 2022 (registration number INPLASY202280056).

INTRODUCTION

Review question / Objective: We research effect of timing of corticosteroids administration on prognosis of sepsis patients. RCTs was chosen as the research method.

Condition being studied: Sepsis and septic shock.

METHODS

Participant or population: sepsis and septic shock patients.

Intervention: Early corticosteroids therapy.

Comparator: Placebo or control or late corticosteroids therapy.

Study designs to be included: RCTs.

Eligibility criteria: The studies reported the timinng and related outcomes of corticosteroids treating for sepsis or septic shock patients.

Information sources: PubMed, Cochrane library, Embase, Chinese BioMedical Literature, Wanfang, China National Knowledge Infrastructure databases.

Main outcome(s): 28-day mortality, ICU mortality and in-hospital mortality.

Quality assessment / Risk of bias analysis: We performed risk assessment using the Cochrane Collaboration risk of bias tool.

Strategy of data synthesis: We would use STATA 16.0(StataCorp, College Station, TX, USA) for data analysis. Mantel–Haenszel (M-H) or Inverse Variance (I-V) methods with random-effects meta-analyses are conducted for the eligible RCTs. Risk ratio (RR) and mean difference (MD) are used to present the dichotomous and continuous outcomes, with 95% CI.

Subgroup analysis: The subgroup analysis performed would based on our study aims.

Sensitivity analysis: Sensitivity analyses were conducted for the primary out- come by excluding trials that reported ICU mortality or in-hospital mortality to replace 28-day mortality, using the adjusted odds ratios, RRs, and hazard ratios with the generic inverse variance method.

Country(ies) involved: China.

Keywords: corticosteroids; sepsis; septic shock; mortality; systematic review; meta-analysis.

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