

INPLASY PROTOCOL

To cite: He et al. The Conservative Management for Improving Visual Analogue Pain Score (VAS) in Greater Trochanteric Pain Syndrome: A Bayesian analysis. Inplasy protocol 202280068. doi: 10.37766/inplasy2022.8.0068

Received: 17 August 2022

Published: 17 August 2022

Corresponding author:
Yao Lin

18316727524@163.com

Author Affiliation:
Department of Trauma Sports Orthopedics, Guigang City People's Hospital, Guigang, PRChina.

Support: No.

Review Stage at time of this submission: Preliminary searches.

Conflicts of interest:
None declared.

The Conservative Management for Improving Visual Analogue Pain Score (VAS) in Greater Trochanteric Pain Syndrome: A Bayesian analysis

He, YP¹; He, XL²; Li, CR³; Lu, XQ⁴; Shi, CM⁵; He, JB⁶; Lin, Y⁷.

Review question / Objective: The patient population (P), intervention (I), comparison (C), and outcome (O) framework was used to formulate the research question of our Bayesian analysis as follows: How do conservative management affect the visual analogue pain score in patients with GPTS? What was the rankings on the effect of conservative management and which one is more suitable for patients with GPTS?

Condition being studied: Greater trochanteric pain syndrome (GTPS), a recalcitrant lateral painful condition of the articulatio coxae, has a significant unhealthy effect on the quality of life. Numerous conservative management modalities with varying success have been proposed for GPTS patients. However, it is not clear which treatment is more effective in reducing pain. We conducted this Bayesian analysis to assess the current evidence for the effectiveness of conservative treatments on VAS.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 August 2022 and was last updated on 17 August 2022 (registration number INPLASY202280068).

INTRODUCTION

Review question / Objective: The patient population (P), intervention (I), comparison (C), and outcome (O) framework was used to formulate the research question of our Bayesian analysis as follows: How do conservative management affect the visual

analogue pain score in patients with GPTS? What was the rankings on the effect of conservative management and which one is more suitable for patients with GPTS?

Condition being studied: Greater trochanteric pain syndrome (GTPS), a recalcitrant lateral painful condition of the

articulatio coxae, has a significant unhealthy effect on the quality of life. Numerous conservative management modalities with varying success have been proposed for GPTS patients. However, it is not clear which treatment is more effective in reducing pain. We conducted this Bayesian analysis to assess the current evidence for the effectiveness of conservative treatments on VAS.

METHODS

Participant or population: Patients with greater trochanteric pain syndrome.

Intervention: Conservative management.

Comparator: Contrast with each other.

Study designs to be included: randomized controlled trails (RCTs), quasi-RCT, or clinical controlled trial.

Eligibility criteria: Inclusion: 1) randomized controlled trails (RCTs), quasi-RCT, or clinical controlled trial; 2) patients with GTPS; and 3) Visual Analogue Pain Score (VAS) was included in the outcome measures of the full-text articles. The exclusion criteria were as follows: 1) duplicate studies; and 2) animal experimental studies, letters, case reports, review articles, meta-analyses and so on.

Information sources: PubMed, the Cochrane Library, and Web of Science.

Main outcome(s): Visual Analogue Pain Score.

Quality assessment / Risk of bias analysis: A risk of bias assessment for the included randomized studies was independently conducted by two authors using the Cochrane Collaboration Risk of Bias Tool.

Strategy of data synthesis: The data were extracted and assessed by using ADDIS software (v1.16.5) and STATA (version 14.0; Stata Corp, College Station, TX, USA). Estimated effects were reported as mean differences (MDs) with 95% CIs for the continuous outcomes for each study.

DerSimonian-Laird random effects model was used to perform the traditional pairwise meta-analysis.

Subgroup analysis: No subgroup.

Sensitivity analysis: Without sensitivity analysis.

Country(ies) involved: China.

Keywords: Greater trochanteric bursitis; Bayesian analysis.

Contributions of each author:

Author 1 - Yuping He.

Email: 262668382@qq.com

Author 2 - Xiaolan He.

Email: 593057167@qq.com

Author 3 - Chunrong Li.

Email: 31316334@qq.com

Author 4 - Xiuqing Lu.

Email: 292811535@qq.com

Author 5 - Cuimin Shi.

Email: 644392524@qq.com

Author 6 - Junbing He.

Email: junbingg@gdmu.edu.cn

Author 7 - Yao Lin.

Email: 18316727524@163.com