

# INPLASY PROTOCOL

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**Conflicts of interest:**  
None declared.

## Acupuncture for vascular dementia: an overview of a systematic review

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**Review question / Objective:** A systematic review of the current evidence for acupuncture in the treatment of vascular dementia.

**Condition being studied:** Over the past 5 years, a large number of systematic reviews (SRs)/meta-analyses (MAs) have been completed to assess the potential benefits of acupuncture for the health management of patients with vascular dementia. Based on evidence-based medicine theory, SRs/MAs are considered the gold standard for evaluating the benefits of clinical interventions. The overview is a new approach to integrating multiple SR/MAs by evaluating their quality and outcomes, which can provide comprehensive evidence for clinical decision-making and identify critical gaps in evidence use. Therefore, the aim of our study was to critically evaluate the quality of SR/MA related to the effect of acupuncture in patients with vascular dementia through a systematic overview.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 30 August 2022 and was last updated on 30 August 2022 (registration number INPLASY202280106).

### INTRODUCTION

**Review question / Objective:** A systematic review of the current evidence for acupuncture in the treatment of vascular dementia.

**Condition being studied:** Over the past 5 years, a large number of systematic reviews (SRs)/meta-analyses (MAs) have been completed to assess the potential benefits of acupuncture for the health management of patients with vascular dementia. Based on evidence-based

medicine theory, SRs/MAs are considered the gold standard for evaluating the benefits of clinical interventions. The overview is a new approach to integrating multiple SR/MAs by evaluating their quality and outcomes, which can provide comprehensive evidence for clinical decision-making and identify critical gaps in evidence use. Therefore, the aim of our study was to critically evaluate the quality of SR/MA related to the effect of acupuncture in patients with vascular dementia through a systematic overview.

## METHODS

**Participant or population:** Patients identified as having VaD based on diagnostic criteria regardless of their age, nationality, or gender.

**Intervention:** The control group received the following treatments: Conventional medication (CM), rehabilitation training (RT), sham acupuncture (SA), and placebo. The intervention group received acupuncture treatment, including plum blossom acupuncture, fire acupuncture, electro-acupuncture, body acupuncture, manual acupuncture, warm acupuncture, or acupuncture therapy in combination with the treatments received by the control group.

**Comparator:** The control group received the following treatments: Conventional medication (CM), rehabilitation training (RT), sham acupuncture (SA), and placebo. The intervention group received acupuncture treatment, including plum blossom acupuncture, fire acupuncture, electro-acupuncture, body acupuncture, manual acupuncture, warm acupuncture, or acupuncture therapy in combination with the treatments received by the control group.

**Study designs to be included:** This overview includes SRs/MAs of randomized controlled trials (RCTs) of the acupuncture on VaD.

**Eligibility criteria:** The criteria for exclusion of SRs/MAs in this overview are as follows:

(1) Animal studies; (2) Network MAs, research protocols, narrative reviews, overviews, dissertation, and conference abstracts.

**Information sources:** PubMed, Cochrane Library, EMBASE, Chongqing VIP, Wanfang Database, CNKI, and SinoMed.

**Main outcome(s):** The main outcomes are the vascular dementia Assessment Scale (VADAS-COG) and the Simple Mental State Examination (MMSE) scale and adverse events (rash, itching, pain, etc.).

**Quality assessment / Risk of bias analysis:**

**2.4.1. Assessment of Methodological Quality** The methodological quality of the included SRs/MAs was assessed by the Assessment System for Evaluating Methodological Quality 2 (AMSTAR-2) [13]. Seven (2, 4, 7, 9, 11, 13, and 15) of the 16 items in the tool are critical areas.

**2.4.2. Assessment of Risk of Bias** The Risk of Bias in Systematic Review (ROBIS) [14] scale was used in this overview to evaluate the risk of bias in the inclusion of SRs/MAs and the evaluation was carried out in three stages.

**2.4.3. Assessment of Reporting Quality** The quality of each SR/MA report of the included SRs/MAs was evaluated by the list of PRISMA [15] which consists of 27 items focusing on the reporting methods and results that were incorporated into SRs/MAs.

**2.4.4. Assessment of Certainty of Quality** The certainty of quality for each SR/MA outcome was evaluated by The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) [16], and five aspects will lead to the degradation of certainty of quality, including limitations, inconsistencies, indirectness, imprecision, and publication bias.

**Strategy of data synthesis:** NA.

**Subgroup analysis:** NA.

**Sensitivity analysis:** NA.

**Country(ies) involved:** China.

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**Keywords:** acupuncture, meta-analysis, protocol, vascular dementia.

**Contributions of each author:**

**Author 1 - Hongshuo Shi.**

**Author 2 - Xuecheng Zhang.**

**Author 3 - Min Wang.**