INPLASY PROTOCOL

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None declared.

Efficacy and safety of different acupuncture therapy for parkinson's disease : A protocol for systematic review and network meta-analysis

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Review question / Objective: **P:Patients diagnosed with Parkinson's disease do not have absolute exclusion criteria, and at least two supporting criteria exist(Essential bradykinesia and at least 1 of 2 symptoms of resting tremor or muscle rigidity). I:The interventions in the treatment group should be included all types of acupuncture, such as simple acupuncture, electroacupuncture, fire acupuncture, body acupuncture, warm acupuncture, ear acupuncture, head acupuncture, and intradermal acupuncture, regardless of the limitations of acupuncture methods, acupuncture collection, interventional materials, needle retention time, duration of treatment, and follow-up period. C:The interventions in the control group should be the same as the intervention groups, except for acupuncture. O:1.unified parkinson's disease rating scale; 2.The total effective rate for Parkinson's disease. S:All randomized controlled trials(RCTs) containing eligible interventions and outcome will be included. Case report, animal studies, meta-analysis, reviews, conference articles will be excluded.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 April 2023 and was last updated on 10 April 2023 (registration number INPLASY202340028).

INTRODUCTION

Review question / Objective: **P:Patients diagnosed with Parkinson's disease do not have absolute exclusion criteria, and at least two supporting criteria exist(Essential bradykinesia and at least 1 of 2 symptoms of resting tremor or muscle rigidity). I:The interventions in the treatment group should be included all types of acupuncture, such as simple acupuncture, electro-acupuncture, fire acupuncture, body acupuncture, warm acupuncture, ear acupuncture, head acupuncture, and intradermal acupuncture, regardless of the limitations of acupuncture methods,**

acupuncture collection, interventional materials, needle retention time, duration of treatment, and follow-up period. C:The interventions in the control group should be the same as the intervention groups, except for acupuncture. O:1.unified parkinson's disease rating scale; 2.The total effective rate for Parkinson's disease. S:All randomized controlled trials(RCTs) containing eligible interventions and outcome will be included. Case report, animal studies, meta-analysis, reviews, conference articles will be excluded.

Condition being studied: Parkinson's disease is a common middle-aged and elderly neurodegenerative disease, mainly characterized by progressive degeneration of dopaminergic neurons in the substantia nigra and pathological changes in the formation of Lewy bodies, decreased dopamine transmitters in the striatal area, biochemical changes in the imbalance between dopamine and acetylcholine transmitters, motor symptoms of tremor, muscle rigidity, bradyness, postural balance disorders and sleep disorders, olfactory disorders, autonomic dysfunction, cognitive and mental disorders and other non-motor symptoms.Epidemiological investigation studies show that the prevalence of people over 65 years old in China is 1.7%, which is similar to that of European and American countries.The treatment methods currently used, whether drugs or technologies, can only improve symptoms, can not prevent the development of the disease, let alone cure, acupuncture through long-term treatment can achieve long-term benefits.

METHODS

Participant or population: Patients with a clear diagnosis of Parkinson's disease don't have absolute exclusion criteria,and at least two supportive criteria(Essential bradykinesia and at least 1 of 2 symptoms of resting tremor or muscle rigidity).

Intervention: The interventions in the treatment group should be included all types of acupuncture, such as simple acupuncture, electroacupuncture, fire acupuncture, body acupuncture, warm acupuncture, ear acupuncture, head acupuncture, and intradermal acupuncture, regardless of the limitations of acupuncture methods, acupuncture collection, interventional materials, needle retention time, duration of treatment, and follow-up period.

Comparator: The interventions in the control group should be the same as the intervention groups, except for acupuncture.

Study designs to be included: All randomized controlled trials(RCTs) containing eligible interventions and outcome will be included. Case report, animal studies, meta-analysis, reviews, conference articles will be excluded.

Eligibility criteria: Exclusion criteria:1).clear cerebellar signs;2).Symptoms lasting more than 3 years are still limited to the lower extremities.3).Cortical sensation disappears.

Information sources: A computer-based retrieval was conducted at the Cochrane Library, EMBASE, PubMed, Web of Science, CENTRAL, CNKI, The VIP Database, The Wanfang database, CDFD, CMFD, The limitation of the search period is from database establishment to 2023.04.12.

Main outcome(s): 1.unified parkinson's disease rating scale; 2.The total effective rate for Parkinson's disease.

Quality assessment / Risk of bias analysis: The methodological qualities of the identified RCTs will be assessed by two authors, according to the Cochrane Handbook for Systematic Reviews of Interventions through Review Manager 5.3 software (The Cochrane Collaboration, Copenhagen, Region Sjælland, Denmark). The following items will be established in the scoring system: (1) random sequence generation; (2) allocation concealment; (3) blinding of participants and personnel; (4) blinding of outcome assessments; (5) incomplete outcome data; (6) selective

reporting; and (7) other biases, including conflicts of interest, small sample sizes, and unbalanced baselines. Each item will be assessed as either "low risk","unclear risk", or "high risk".

Strategy of data synthesis: The revman5.4 software was used for statistical analysis. Dichotomous variables will use the RR/OR/RD and continuous variables will use the Mean Difference (MD) to calculate the summary statistics at 95% confidence interval (CI). Random effect model and Fixed effects model will be applied to perform the analysis. The forest pilot will be chosen and publication bias will be assessed by a funnel plot for meta-analysis and quantified by the Egger method.

Subgroup analysis: Subgroup analysis will be performed according to the source of heterogeneity.

Sensitivity analysis: Sensitivity analysis will be performed according to the source of heterogeneity.

Country(ies) involved: China.

Keywords: Parkinson's disease; acupuncture; network;systematic review

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