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Meta-analysis of acupuncture treatment for irritable bowel syndrome with diarrhea (IBS-D) comorbid with anxiety and depression

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202380068

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 August 2023 and was last updated on 16 August 2023.

INTRODUCTION

Review question / Objective How to treat diarrheal irritable bowel syndrome with anxiety and depression by acupuncture? How to treat sacroiliac joint disorder by massage?

Condition being studied The systematic evaluation has not yet started and a literature search is underway.

METHODS

Participant or population Diarrheal irritable bowel syndrome with anxiety and depression.

Intervention The intervention in the experimental group should include acupuncture.

Comparator As included in eligible randomized clinical trials and retrospective cohort studies.

Study designs to be included Randomized clinical trials and retrospective cohort studies will be included.

Eligibility criteria Literature where full text or specific data is not available.

Information sources The computer was used to search CNKI, WanFang Data, CBMdisc, PubMed, Web of Science, The Cochrane Library and other databases such as VIP and Embase. All literatures related to acupuncture treatment of IBS-D anxiety and depression were collected until July 12, 2023. The retrieval method is combined with the title and the free word, and adjusted according to different retrieval systems.

Main outcome(s) SDS, SAS, HAMD, HAMA, IBS-SSS.

Quality assessment / Risk of bias analysis The methodological quality of each included study will be assessed independently by two reviewers using two tools. The Cochrane collaboration tool will be used to assess the quality of randomized controlled trials. It comprises the following 7 aspects: random sequence generation, allocation concealment, blind method, incomplete result data, selective reporting, and other biases. The quality assessment results of each item can be divided into three grades: “low risk”, “high risk” and “unclear”. The more rigorous the design and the higher the methodological quality of each RCT, the lower the risk coefficient. The Newcastle Ottawa Scale (NOS) will be used to assess the quality of retrospective studies. This method includes three aspects to the evaluation: the selection method, comparability and contact exposure assessment method of case group and control group. The higher the score, the higher the quality of the study. When necessary, the consensus on this issue will be studied with the help of a third party.

Strategy of data synthesis The RevMan5.3 software provided by the Cochrane website will be used for the analysis. Categorical variables will be expressed by odds ratio (OR) and marked with 95% confidence interval (CI). Continuous variables will be expressed by mean difference (MD) and marked with 95% CI. If $P < 0.1$ or $I^2 < 50\%$, it means that the heterogeneity between groups is small, and the fixed effect model will, in this case, be used for combined analysis; when $P > 50\%$, it shows that the heterogeneity between the groups is large, and the random effects model will then be used for combined analysis, and the results shown in forest plots. Analysis of potential publication bias will be shown in a funnel chart, and sensitivity analysis and subgroup analysis will be used when necessary.

Subgroup analysis Subgroup analysis will be used to evaluate the therapeutic effects among different drugs. Inverted funnel plots and Egger's regression test will be used to determine publication bias when the number of included studies exceeds 10 in the network meta-analysis.

Sensitivity analysis Sensitivity analysis used the influence of a single study on the stability of the meta-analysis results.

Country(ies) involved China.

Keywords IBS-D Acupuncture and moxibustion Anxiety and depression meta-analysis.

Contributions of each author

Author 1 - Hou Yi.

Author 2 - Chang Xiaoli.

Author 3 - Chen Shaozong.