

INPLASY

Application and research status of Chinese medicine compound formulae for the treatment of precocious puberty in children

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 03 November 2023 and was last updated on 03 November 2023.

INTRODUCTION

Review question / Objective To analyze the difference between the safety and effectiveness of Chinese patent medicine combined with Western medicine in the treatment of precocious puberty and Western medicine alone.

Condition being studied Precocious puberty is the appearance of secondary sexual characteristics in boys by the age of 9 and in girls by the age of 8 and is one of the most common endocrine disorders in children. According to the pathogenesis and clinical manifestations, precocious puberty is divided into central precocious puberty (gonadotropin-releasing hormone-dependent) and peripheral precocious puberty (non-gonadotropin-releasing hormone-dependent). In recent years, the incidence of precocious puberty has been increasing year by year due to many factors such as improved living

standards, dietary structure and environmental changes. Meta-analysis was performed by Review Manager software, and the researchers were trained.

METHODS

Participant or population 1031 children.

Intervention Integrated treatment of Chinese and western medicine.

Comparator Simple western medicine treatment.

Study designs to be included RCT.

Eligibility criteria Inclusion criteria ① Children with precocious puberty were used as study subjects and met the clinical diagnostic criteria for precocious puberty; ② The type of study is a clinical study. Exclusion criteria ① Duplicate articles

in multiple databases; ② Non-clinical research type articles, such as animal studies or literature reviews; ③ Organic lesions due to congenital diseases: hypothalamic malformations, congenital hypothyroidism and congenital adrenal cortical hyperplasia, etc.; ④ Exclude secondary conditions causing precocious puberty, such as tumors (adrenocortical tumors, ovarian or testicular tumors), central nervous system damage, McCune Albright syndrome, etc; ⑤ Exclude complications of disease and exogenous ingestion of drugs or food containing sex hormones.

Information sources China Journal Full Text Database (CNKI), Wanfang Data Knowledge Service Platform (Wanfang), VIP Chinese Science and Technology Journal Full Text Database (VIP) and pubmed.

Main outcome(s) Efficacy, adverse reactions, safety.

Quality assessment / Risk of bias analysis Quality was assessed by Cochrane bias assessment.

Strategy of data synthesis Meta-analysis was performed by Review Manager software. The mean difference (MD) of 95% confidence interval (95%CI) was used for continuous data, and the risk ratio (RR) of 95%CI was used for binary data. If there was no significant heterogeneity in the test results ($P > 0.1$, $I^2 < 50\%$), the fixed effects model was used for analysis, and the random effects model could also be used.

If the test results were significantly heterogeneous ($P \leq 0.1$, $I^2 \geq 50\%$), the random effects model was used for analysis.

Subgroup analysis None.

Sensitivity analysis Review Manager software performs a sensitivity analysis to reflect the sensitivity of an article by the change in the effect size after deleting one of the articles.

Country(ies) involved China.

Keywords Precocious puberty; Cross section; Proprietary Chinese medicine; Security; effectiveness.

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