



INPLASY202430100 doi: 10.37766/inplasy2024.3.0100 Received: 25 March 2024

Published: 25 March 2024

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# The Effectiveness and Safety of Acupuncture for Atopic Dermatitis: Systematic Review and Metaanalysis of Randomized controlled trials

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### ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202430100

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 25 March 2024 and was last updated on 25 March 2024.

### **INTRODUCTION**

R eview question / Objective Whether acupuncture is effective and safe for the treatment of atopic dermatitis patients?

**Condition being studied** Atopic dermatitis (AD) is an inflammatory and recurring skin disease characterized by pruritus, skin dryness, erythema, edema, excoriation, and lichenification (Eichenfield 2014). Repeated itching, rashes, eczema, and drug side effects seriously affect chronic AD patients' both physical and mental health (Chrostowska et al., 2012). Currently, there is no effective treatment to completely cure and prevent the recurrence of AD; therefore, traditional western medicine treatments such as anti-inflammatory therapy and systemic therapy are mainly relied on relieving the symptoms including pruritus for AD management.

## **METHODS**

Search strategy (("acupunctural"[All Fields] OR "acupuncture"[MeSH Terms] OR "acupuncture"[All Fields] OR "acupuncture therapy"[MeSH Terms] OR ("acupuncture"[All Fields] AND "therapy"[All Fields]) OR "acupuncture therapy"[All Fields] OR "acupuncture s"[All Fields] OR "acupunctured"[All Fields] OR "acupunctures"[All Fields] OR "acupuncturing"[All Fields]) AND "atopic d ermatitis" [All Fields]) AND (randomizedcontrolledtrial[Filter]).

**Participant or population** All patients in the included studies will be diagnosed with either atopic eczema (AE) or chronic eczema (CE).

**Intervention** Studies of manual needling (filiform needles, three-edged needles, flying needles), fire needling, and electric acupuncture will be

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included. We will also include combined interventions (two different forms of acupuncture above were used).

**Comparator** The control groups in these studies will be receiving no treatment, conventional western medicine, sham/placebo acupuncture, or Chinese herbal medical broth with regular skin care.

Study designs to be included Randomized controlled trials in English or Chinese will be included.

Eligibility criteria Adults with eczema.

**Information sources** Electronic searches will be conducted in Cochrane Library, EMBASE and PubMed databases.

**Main outcome(s)** Visual analogue Scale (VAS). The scale ranging from 0 (0) to 10 (100) evaluated the itching degree (0 =none, 10 (100) = most severe).

Additional outcome(s) SCORing Atopic Dermatitis (SCORAD). The scale will assess the extent, severity, and subjective symptom of AD. The scale will range from 0 to 103 (0 = none, 103 = most severe).

Quality assessment / Risk of bias analysis Cochrane's risk of bias (RoB) tool 2.0.

**Strategy of data synthesis** We will use RevMan 5.4 software (The Nordic Cochrane Centre, Cochrane Collaboration, Copenhagen) to analyze the data. The risk ratio (RR) and 95% confidence intervals (CI) will be used to calculate the dichotomous outcomes. The Mean Difference (MD) or Standard Mean Difference (Std. MD) with 95% confidence interval (CI) will be used to analyze continuous data.

**Subgroup analysis** According to the acupuncture needle types.

**Sensitivity analysis** Sensitivity analysis will explore the impact of excluding studies in metaanalysis based on sample size, methodological quality, or variance. If results remain consistent across the different analyses, the results will be considered robust as even with different decisions they remain the same/similar.

**Language restriction** Randomized controlled trials in English or Chinese will be included.

Country(ies) involved Taiwan.

**Keywords** Acupuncture; Atopic Dermatitis; Systematic Review and Meta-analysis.

#### **Contributions of each author**

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