INPLASY

Effectiveness and safety of Governor vessel acupuncture therapy for post-stroke cognitive impairment: a meta-analysis of randomized controlled trials

Corresponding author:
Lin Haibo

linhaibo163@163.com

Author Affiliation:
Jinan University.

Han, JZ; Yang, Y; Song, CN; Wu, WJ; Wang, YF; Feng, JH.

ADMINISTRATIVE INFORMATION

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202450128

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 28 May 2024 and was last updated on 28 May 2024.

INTRODUCTION

Review question / Objective The purpose of this study was to evaluate the effectiveness of Governor vessel acupuncture (GV Ac) in treating post-stroke cognitive impairment (PSCI).

Condition being studied Post-stroke cognitive impairment (PSCI).

METHODS

Participant or population Participant type: Stroke patients with cognitive impairment (age, sex, disease duration, and treatment duration were unrestricted).

Intervention Type of Intervention: RCTs utilizing conventional acupuncture or electroacupuncture for PSCI were included.

Comparator Comparators may consist of artificial acupuncture or conventional treatment and rehabilitation.

Study designs to be included RCT, and Non-randomized controlled trials, including Animal experiments, Clinical Trials, Meta-Analysis, Review, and Systematic Review.

Eligibility criteria NOT RCT.

Information sources Four English databases (Cochrane Library, PubMed, Embase, and MEDLINE) and three Chinese databases (Chinese National Knowledge Infrastructure (CNKI), Chinese

Science and Technology Periodical Databases (VIP), and Wan Fang Database)Pubmed,CNKI and VIP databases.

Main outcome(s) MMSE, MoCA, ADL, and P300 were regarded as criteria for efficacy evaluation.

Additional outcome(s) None.

Quality assessment / Risk of bias analysis Two independent evaluators assessed the literature quality and risk of bias of the included studies by the Cochrane Systematic Review manual. Bias was composed of seven components: (1) Random sequence generation (selection bias); (2) Allocation concealment (selection bias); (3) Blinding of participants and personnel (performance bias); (4) Blinding of outcome assessment (detection bias); (5) Selective reporting (reporting bias); (6) Other biases. This can be separated into three levels: low bias risk, high bias risk, and ambiguous bias risk. If evaluation results are contested, the issue will be discussed and resolved by a third investigator.

Strategy of data synthesis Rev Man 5.3 was utilized for meta-analysis, publication bias analysis, and subgroup analysis, whereas Stata 17.0 was used for sensitivity analysis. The mean difference (MD) was used for continuous variables Curative ratio, MoCA, MMSE, and ADL. The corresponding 95% confidence interval (CI) was determined. Heterogeneity was demonstrated by the P and I^2 test indices.

Subgroup analysis If $P \geq 0.05$ and $I^2 \leq 50\%$, indicating low statistical heterogeneity in the If P50%, indicating high heterogeneity in the studies, then a subgroup analysis was performed.

Sensitivity analysis If $P \geq 0.05$ and $I^2 \leq 50\%$, indicating low statistical heterogeneity .However, If P50%, indicating high heterogeneity in the studies, then a sensitivity analysis was performed.

Country(ies) involved China.

Keywords acupuncture; post stroke cognitive impairment; meta.

Contributions of each author
Author 1 - Han Jize.
Author 2 - Yang Yang.
Author 3 - Song Chengning.
Author 4 - Wu Weijie.
Author 5 - Wang Yifan.
Author 6 - Feng Jiahao.