

# INPLASY

## The supplementation of L-carnitine in critically ill patients with sepsis

INPLASY202460086

doi: 10.37766/inplasy2024.6.0086

Received: 23 June 2024

Published: 23 June 2024

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### ADMINISTRATIVE INFORMATION

**Support** - None.

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

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202460086

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 June 2024 and was last updated on 23 June 2024.

### INTRODUCTION

**Review question / Objective** L-carnitine may reduce mortality in critically ill patients with sepsis, but the conclusion is inconsistent in different studies. We conducted a meta-analysis to evaluate the effect of L-carnitine compliance on mortality in patients with sepsis.

**Condition being studied** 28-day mortality and 12-month mortality.

### METHODS

**Participant or population** Adult patients diagnosed with sepsis.

**Intervention** L-carnitine or placebo.

**Comparator** Placebo.

**Study designs to be included** The search strategy was RCTs.

**Eligibility criteria** (1) Adult patients diagnosed with sepsis according to Sepsis 3.0. (2) Patients taking L-carnitine or placebo. (3) Outcome indicators: 28-day mortality and 12-month mortality.

**Information sources** We will search the references in the included trials and personal files. We will request advice from experts in the field. In addition, we will search associated articles from meetings, and contacted the authors of included trials, if need.

**Main outcome(s)** 28-day mortality and 12-month mortality.

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**Quality assessment / Risk of bias analysis** We evaluated the methodological quality of the individual studies using the Cochrane risk of bias tool for RCTs.

**Strategy of data synthesis** We will consider using the number of participants and deaths between different groups for analysis.

**Subgroup analysis** None.

**Sensitivity analysis** China.

**Country(ies) involved** China.

**Keywords** L-carnitine; critical ill; sepsis.

**Contributions of each author**

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