INPLASY

Mind-body exercise in schizophrenia: a meta-analysis

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ADMINISTRATIVE INFORMATION

Support - None.

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

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 01 September 2024 and was last updated on 01 September 2024.

INTRODUCTION

Review question / Objective Schizophrenia has become a mental illness that is among the world's top ten causes of long-term disability and the most disabling and requires a disproportionate share of mental health services. The pathomechanism of schizophrenia is not fully andestood. Physical exercise have made good progress in the treatment of other mental diseases due to its great ease of handling and almost less side effects.Previous studies have consistently shown that many mind-body exercises such as yoga、pilates have considerable benefits for maintaining brain health,and enhancing quality of life in people with SchizophreniaIt is therefore particularly important to find a mind-body exercise modality within schizophrenia,especially when physicians are considering the use of exercise prescriptions to treat patients with schizophrenia.

Condition being studied In this study we used network meta-analysis to compare different mind-body exercises in order to assess the effects on the function of schizophrenia patients and to provide patients and clinicians with a better understanding of the effects of these mind-body exercise.

METHODS

Participant or population People with schizophrenia.

Intervention Mind-body exercises as an intervention.

Comparator Yoga, dance,

Study designs to be included RCT.

Eligibility criteria (P) Population: people with schizophrenia;(I)Intervention:taiji, yoga,pilates,dance,yijinjing;(C) Comparator:control group with only usual treatment and appropriate rehabilitation measures (including usual

psychotherapy); (O) Outcomes: PANSS-P、PANSS-N、PANSS-G. (S) Study type: RCTs.

Information sources Pubmed, Embase, ovid,Cochrane and web of science.

Main outcome(s) PANSS-P PANSS-N PANSS-G.

Quality assessment / Risk of bias analysis Two researchers independently assessed the risk of bias (ROB), in accordance with the Cochrane Handbook version 5.1.0 tool for assessing ROB in RCTs.

Strategy of data synthesis Continuous variables in the study will be reported as mean difference (MD = absolute difference between the means of two groups, defined as the difference in means between the treatment and control groups and calculated using the same scale) or standardised mean difference (SMD = mean difference in outcome between groups/standard deviation of outcome between subjects, used to combine data when trials with different scales) with 95% confidence intervals (CI) andanalysis.

Subgroup analysis None.

Sensitivity analysis Intervention hierarchy was summarized and reported as a P score. The P score is considered as a frequentist analogue to surface under the cumulative ranking curve (SUCRA) values and measures the extent of certainty that a treatment is better than another treatment, averaged over all competing treatments. The P score ranges from 0 to 1, where 1 indicates best treatment with no uncertainty and 0 indicates worst treatment with no uncertainty.

Country(ies) involved China.

Keywords mind-body exercise schizophrenia.

Contributions of each author
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