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Integrated traditional Chinese and Western medicine in the treatment of epilepsy with cognitive impairment: a systematic review and Meta-analysis

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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 29 September 2024 and was last updated on 29 September 2024.

INTRODUCTION

Review question / Objective Epilepsy is a common chronic nervous system disease. Some patients have cognitive dysfunction, which seriously affects the quality of life of patients. The purpose of this systematic review is to evaluate the efficacy and safety of the combination of traditional Chinese medicine and Western medicine in the treatment of patients with epilepsy complicated with cognitive impairment.

Condition being studied Epilepsy is a clinical syndrome caused by highly synchronized abnormal discharges of brain neurons caused by many reasons. Many patients with epilepsy have cognitive impairment, and 30% of patients with epilepsy have cognitive impairment. Memory and attention disorders exist, even as high as 65% of patients. Mild cognitive impairment. At present, epilepsy combined with cognitive impairment is mainly treated with western medicine alone, and there are some side effects. The treatment of traditional

Chinese medicine has a long history. The combination of traditional Chinese and Western medicine can reduce drug dependence and improve the quality of life of patients.

METHODS

Search strategy Search policy: search policy used The combination of subject words and free words. Search keywords include "epilepsy", "epilepsy", "epilepsy", "epilepsy", "cognitive impairment", "cognitive impairment", "acupuncture", "traditional Chinese medicine", "traditional Chinese medicine". (((("Epilepsy"[Mesh]) OR (((((((((((Epilepsies[Title/Abstract]) OR (Seizure Disorder[Title/Abstract])) OR (Seizure Disorders[Title/Abstract])) OR (Epilepsy, Cryptogenic[Title/Abstract])) OR (Cryptogenic Epilepsies[Title/Abstract])) OR (Cryptogenic Epilepsy[Title/Abstract])) OR (Epilepsies, Cryptogenic[Title/Abstract])) OR (Aura[Title/Abstract])) OR (Auras[Title/Abstract])) OR (Awakening Epilepsy[Title/Abstract])) OR (Epilepsy, Awakening[Title/Abstract])))) AND (("Cognitive Dysfunction"[Mesh]) OR (((((((((((((((((((Cognitive

Dysfunctions[Title/Abstract]) OR (Dysfunction, Cognitive[Title/Abstract])) OR (Dysfunctions, Cognitive[Title/Abstract])) OR (Cognitive Disorder[Title/Abstract])) OR (Cognitive Disorders[Title/Abstract])) OR (Diso

Participant or population Patients who are clinically diagnosed with epilepsy patients with cognitive impairment according to the diagnostic criteria of the 10TH revision of the International Classification of Diseases (ICD-10) (World Health Organization, 1992) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994) will be included. The onset of cognitive impairment was required to be definitely and causally linked with primary epilepsy.

Intervention The experimental group was combined with acupuncture therapy, traditional Chinese medicine and Chinese patent medicine on the basis of the control group.

Comparator In the control group, the intervention measures were antiepileptic, cognitive improvement and other conventional drug treatment.

Study designs to be included Randomized controlled trials.

Eligibility criteria Eligibility criteria: Participants: subjects with clinical diagnosis of epilepsy combined with cognitive impairment. There are no restrictions on the patient's age, gender, country or race. (2) Type of study: only Chinese or English controlled studies were included. (3) On the basis of the control group, the following intervention types were considered: acupuncture, fire acupuncture, electroacupuncture, skin acupuncture and other types of acupuncture, traditional Chinese medicine, Chinese patent medicine treatment. The control group was given conventional antiepileptic and cognitive improvement drug treatment or symptomatic treatment. Main outcomes: The effective rate and adverse reaction rate were assessed.

Information sources Information sources. A total of 9 electronic databases (4 English databases and 5 Chinese databases): PubMed, Cochrane Library, EMBASE, Web of Science, China National Knowledge Infrastructure(CNKI), Wanfang Database, China Science and Technology Journal Database (VIP) , China Biomedicine (CBM)and Duxiu.

Main outcome(s) Main outcome(s): Effectiveness, Safety, Adverse Reactions, number of seizures.

Quality assessment / Risk of bias analysis Two authors independently assessed the quality of each study. The quality of included studies was assessed using the Cochrane Handbook for Systematic Reviews of Interventions and Revman 5.4 software.

Strategy of data synthesis Strategy of data synthesis: RevMan 5.4 software downloaded from the Cochrane website was used to analyze the data included in the literature. Stata software version 16.0 was used to perform funnel chart analyses and sensitivity analyses. The odds ratios (ORs) and the 95% credible intervals (CIs) were selected as the statistics with binary data. Continuous variables are represented by mean differences (MDs) and 95% confidence intervals.

Subgroup analysis When necessary, the control group and the treatment group were analyzed by subgroup analysis.

Sensitivity analysis Sensitivity analysis when necessary.

Country(ies) involved China.

Keywords Epilepsy; Cognitive impairment; Traditional Chinese medicine; Chinese patent medicine; Acupuncture and moxibustion; Systematic evaluation; Meta analysis.

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