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# **Corresponding author:**

Yibing Li

liyibing1030@outlook.com

#### **Author Affiliation:**

None reported.

# Qualitative and Quantitative Analysis of the Efficacy of the Tongguan Liqiao Acupuncture Method in Treating Post-Stroke Dysphagia

Li, YB; Jia, HB; Fan, XN; Wenyi, Ge; Wei, L; Chen, Y; Li, MQ; Lei, KC; Zhang, ML; Zhang, WW; Li, SJ; Xu, XB; Zhao, WJ.

## **ADMINISTRATIVE INFORMATION**

Support - None reported.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2024100023

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 7 October 2024 and was last updated on 7 October 2024.

### INTRODUCTION

Review question / Objective To Clarify the Overall Efficacy of the Tongguan Liqiao Acupuncture Method in Treating Post-Stroke Dysphagia (PSD): Exploring Its Use Alone and in Combination with Other Therapies, and Analyzing Current Research Limitations and Future Directions.

**Condition being studied** Patients Diagnosed with Post-Stroke Dysphagia.

#### **METHODS**

**Participant or population** Patients Diagnosed with Post-Stroke Dysphagia.

**Intervention** Patients Diagnosed with Post-Stroke Dysphagia.

**Comparator** Other Rehabilitation Programs.

Study designs to be included RCT.

**Eligibility criteria** Exclusion Criteria: Animal experiments, reviews, case reports, and other types of non-randomized controlled trials. Duplicate publications and studies with incomplete data, conference papers, and theses.

Information sources None reported.

Main outcome(s) Efficacy Rate; WST; SSA; VFSS Score; SWAL-QOL; Incidence of Adverse Events.

Quality assessment / Risk of bias analysis Risk of Bias Assessment for the Finally Included Studies Using Review Manager 5.4.

Strategy of data synthesis Meta-analysis was conducted using Review Manager 5.4, excluding studies where both the intervention group and the control group used the Tongguan Liqiao acupuncture method. For example, studies comparing "Tongguan Liqiao acupuncture + intradermal needle" with "Tongguan Liqiao acupuncture alone" were excluded. Binary

outcome measures were analyzed using relative risk (RR) as the effect size. Continuous outcome measures were analyzed using mean difference (MD) as the effect size. Heterogeneity was assessed using P-values and I² statistics. If there was no statistical heterogeneity among the studies (I²  $\leq$  50%, P > 0.1), a fixed-effects model was used; otherwise, a random-effects model was employed. Egger's test was used to determine the presence of publication bias.

Network meta-analysis was performed using Stata 16.0 within a frequentist framework. To ensure the stability of the results, studies involving comparisons of different interventions based on a single study were excluded. For example, if only one study compared Tongguan Liqiao acupuncture combined with breathing exercises to breathing exercises alone, it was excluded. All outcome measures were analyzed using a random-effects model. Binary outcomes were analyzed using odds ratios (OR) as the effect size, and continuous outcomes were analyzed using mean differences (MD) as the effect size. Network evidence plots and surface under the cumulative ranking curve (SUCRA) were generated. When closed loops were present, global inconsistency tests were conducted to assess inconsistency. If P > 0.05, a consistency model was used; otherwise, an inconsistency model was selected. "Comparisonadjusted" funnel plots were created to assess potential publication bias.

Subgroup analysis NA.

Sensitivity analysis NA.

Language restriction NA.

Country(ies) involved China.

**Keywords** Tongguan Liqiao Acupuncture; stroke; dysphagia.

#### Contributions of each author

Author 1 - Yibing Li.

Author 2 - Hongbo Jia.

Author 3 - Xiaonong Fan.

Author 4 - Wenyi Ge.

Author 5 - Wei Liu.

Author 6 - Yang Chen.

Author 7 - Mengqi Li.

Author 8 - Kangchen Lei.

Author 9 - Menglong Zhang.

Author 10 - Weiwei Zhang.

Author 11 - Songjiao Li.

Author 12 - Xibin Xu.

Author 13 - Wenjun Zhao.