

Version 2 ▼

Apr 06, 2021

# © Early mobilization for acute heart failure: a systematic review and meta-analysis protocol V.2

Masatsugu Okamura<sup>1</sup>, Yuki Kataoka<sup>2</sup>, Shunsuke Taito<sup>3</sup>, Takashi Fujiwara<sup>4</sup>, Atsushi Ide<sup>5</sup>, Hideyuki Oritsu<sup>1</sup>, Masashi Shimizu<sup>6</sup>, Yoshitaka Shimizu<sup>7</sup>, Ryoko Someya<sup>7</sup>, Masaaki Konishi<sup>8</sup>
<sup>1</sup>Department of Rehabilitation, Yokohama City University Hospital, Fukuura 3-9, Kanazawa-ku, Yokohama, Kanagawa 236-0004 J

<sup>2</sup>Department of Internal Medicine, Kyoto Min-Iren Asukai Hospital;

<sup>3</sup>Division of Rehabilitation, Department of Clinical Practice and Support, Hiroshima University Hospital, Kasumi 1-2-3, Minami-ku, Hiroshima, 734-8551 JAPAN, Systematic Review Workshop Peer Support Group (SRWS-PSG), JAPAN;

<sup>4</sup>Kurashiki Clinical Research Institute, 1-1-1 Miwa, Kurashiki, Okayama, 710-8602 JAPAN, Division of Medical and Assistive Device I ndustries, Ministry of Economy, Trade and Industry, Kasumigaseki 1-3-1. Chiyoda-ku, Tokyo 100-8901 JAPAN;

<sup>5</sup>Department of Rehabilitation, Yokohama Municipal Citizen's Hospital, Mitsuzawanisi-machi 1-1, Kanagawa-ku, Yokohama, Kanagawa 221-0855 JAPAN;

<sup>6</sup>Department of Rehabilitation, Osaka City University Hospital, Asahi-machi 1-5-7, Abeno-ku, Osaka 545-8586 JAPAN;

<sup>7</sup>Department of Rehabilitation, Yokohama City University Medical Center, Urafune-cho 4-57, Minami-ku, Yokohama, Kanagawa 232 -0024 JAPAN:

<sup>8</sup>Department of Medical Science and Cardiorenal Medicine, Yokohama City University School of Medicine, Fukuura 3-9, Kanazawaku, Yokohama, Kanagawa 236-0004 JAPAN



Works for me

dx.doi.org/10.17504/protocols.io.btzynp7w



Masatsugu Okamura Yokohama City University Hospital



### **Background**

Early mobilization for inpatient acute heart failure has been applied in clinical practice, but there is no consensus on the specific timing, efficacy, and safety of its initiation. For patients with heart failure, exercise therapy when their condition has stabilized has been shown to improve quality of life and reduce readmission rates. Although scoping reviews have been reported on early mobilization after acute myocardial infarction, no systematic review of early mobilization in patients with heart failure who are older and have a higher rate of multiple disabilities and physical deterioration than those with myocardial infarction has been reported, and its definition, efficacy, and safety have not been fully clarified. In heart failure, physical functions such as grip strength and activity of daily living (ADL) have been found to be associated with distant outcomes such as readmission rates and mortality, and early mobilization for acute heart failure, initiated to prevent physical conditioning and decline in ADLs, can contribute to these outcomes.

#### **Purpose**

The purpose of this study is to conduct a scoping review and systematic review of early mobilization for hospitalized heart failure to clarify its current definition and to evaluate its effectiveness and safety.

### Method and analysis

[Part 1]

Scoping review of early mobilization for heart failure (clinical definition)

The purpose of our scoping review is to clarify current clinical definition of early mobilization for acute heart failure. We describe this protocol that follows the PRISMA extension for scoping reviews (PRISMA-ScR) statement. We also use the scoping review framework by The Joanna Briggs Institute (JBI) following five stages approach: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarizing, and reporting the results.

### [Part 2]

Systematic review and meta-analysis of early mobilization for acute heart failure

Based on the scoping review above, we will design PICO and conduct a systematic review and meta-analysis to examine the efficacy and safety of early mobilization for acute heart failure.

We used a systematic review protocol template (<u>dx.doi.org/10.17504/protocols.io.biqrkdv6</u>). We followed the Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 for preparing this protocol.

## **Ethics and dissemination**

In this systematic review, only data from previously conducted studies will be analyzed. We will publish this systematic review in peer-reviewed journals.

**ATTACHMENTS** 

Protocol for systematic review.pdf

DOI

dx.doi.org/10.17504/protocols.io.btzynp7w

PROTOCOL CITATION

Masatsugu Okamura, Yuki Kataoka, Shunsuke Taito, Takashi Fujiwara, Atsushi Ide, Hideyuki Oritsu, Masashi Shimizu, Yoshitaka Shimizu, Ryoko Someya, Masaaki Konishi 2021. Early mobilization for acute heart failure: a systematic review and meta-analysis protocol. **protocols.io** 

https://dx.doi.org/10.17504/protocols.io.btzynp7w

Version created by Masatsugu Okamura

KEYWORDS

early mobilization, cardiac rehabilitation, heart failure, cardiovascular diseases

protocols.io
2
04/06/2021

### LICENSE

This is an open access protocol distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

CREATED

Apr 06, 2021

LAST MODIFIED

Apr 06, 2021

PROTOCOL INTEGER ID

48920