

## Supplementary file 1. Rapid review protocol

# Yoga for the treatment of acute or chronic pain in adults and the elderly

## 1. Background

### 1.1 The technology

Yoga is characterized as an integrative practice of oriental origin that combines body positions, breathing techniques, meditation and relaxation. Its practice benefits the musculoskeletal, endocrine and respiratory systems and stimulates cognitive functions<sup>1,2</sup>. In a survey carried out by the Ministry of Health in 2004 for the elaboration of the National Policy for Integrative and Complementary Practices in Health, 14.6% of the municipalities and states of the federation had already reported the use of this complementary practice, inserted mainly in Primary Care - Family Health<sup>3</sup>. Yoga practice "improves quality of life, reduces stress, decreases heart rate and blood pressure, relieves anxiety, depression and insomnia, improves physical fitness, strength and general flexibility"<sup>2</sup>.

This is a practice incorporated by Ordinance GM No. 849 of March 27, 2017<sup>2</sup>, to the National Policy of Integrative and Complementary Practices in Health (PNPIC)<sup>3</sup>, which institutes the offer of traditional and complementary medicines in the Brazilian public health system (SUS).

### 1.2 Registration of technology with Anvisa

The technology is not subject to registration with Anvisa.

### 1.3 Stage of incorporation into SUS

Until the present date, this technology has not been evaluated by the National Commission for the Incorporation of Technologies into SUS (Conitec).

### 1.4 Insertion of technology in national clinical protocols

The practice of yoga is not mentioned in national clinical protocols, such as the Clinical Protocol and Therapeutic Guidelines for Chronic Pain, and in no other document that refers to practices related to chronic or acute pain.

## 2. Research question

How effective is yoga for treating acute or chronic pain in an adult population?

**P:** adult population with acute or chronic pain

**I:** yoga

**C:** usual treatment, placebo or no treatment

**O:** reduction or control of acute or chronic pain

**S:** systematic reviews

## 3. Methods

### 3.1 Inclusion and exclusion criteria

Systematic reviews (SR), with or without meta-analysis, published in English, Spanish and Portuguese, that assess yoga in the treatment of chronic and acute pain in the adult and/or elderly population will be included. There will be no restriction on the year of publication. Overviews, scoping review, integrative review, synthesis of evidence for policies, health technology assessment studies, economic assessment studies, and primary studies in languages other than those mentioned above will not be included.

### 3.2 Databases and search strategies

Searches for systematic reviews will be carried out on the indexed databases of Pubmed, HSE - *Health Systems Evidence*, Epistemonikos, VHL Regional Portal, HE - *Health Evidence* and Embase. The search strategies used will be developed based on the combination of keywords structured from the acronym PICOS, using the terms MeSH in Pubmed and DeCS in the VHL, adapting them to the HSE, *Epistemonikos*, HE and Embase (Table 1).

**Chart 1. Search strategy terms**

Base	Terms
Pubmed	"yoga", "acute pain", "chronic pain"
VHL	"ioga", "yoga", "acute pain", "dor aguda", "dolor agudo"
HSE	"yoga"
Epistemonikos	"yoga", "chronic pain", "acute pain"
VHL	"ioga", "yoga", "dor crônica", "chronic pain", "dolor crónico"
HE	"yoga"
EMBASE	"yoga"

### 3.3 Shortcuts for rapid review

As this is a rapid review, the selection processes for systematic reviews, assessment of methodological quality and data extraction of the selected studies will not be carried out in duplicate.

### 3.4 Data extraction and analysis

Through a spreadsheet, data related to the author, year, study objective, intervention, comparators, results, limitations, conflict of interest and last year of the search will be extracted. To assess the methodological quality of the articles included, the AMSTAR 2<sup>4</sup> tool will be used, and the scores obtained will also integrate the extraction worksheet.

## 4. References

1. Brasil. Ministério da Saúde. Glossário temático: práticas integrativas e complementares em saúde. Brasília: Ministério da Saúde; 2018.

<https://portalquivos2.saude.gov.br/images/pdf/2018/marco/12/glossario-tematico.pdf>

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2. Brasil. Ministério da Saúde. Gabinete do Ministro. Ordinance No. 849, March 27, 2017.

Brasil: Ministério da Saúde; 2017.

[http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849\\_28\\_03\\_2017.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849_28_03_2017.html) (accessed 25 Sep 2019).

3. Brasil. Ministério da Saúde. Política nacional de práticas integrativas e complementares no SUS: atitude de ampliação de acesso. 2nd ed. [Internet]. Brasília: Ministério da Saúde; 2015.

[https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_praticas\\_integrativas\\_complementares\\_2ed.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf) (accessed 25 Sep 2019).

4. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both [Internet].

BMJ. 2017; 358:j4008. <https://www.bmj.com/content/358/bmj.j4008> (accessed 25 Sep 2019).

## 5. Identification of those responsible for the elaboration

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