Title: Effect of auricular plaster for primary hypertension in older people: A meta-analysis

Referee 1:

My specific comments are mentioned below:

1. Abstract: result section author has mentioned "diastolic blood pressure (DBP) change (5.68 mmHg; 95%CI, 3.49 to 7.87; P<0.00001)" Is it SMD? significant difference in the effective ratio (OR=3.62; 95% CI, 2.46 to 5.33; P<0.00001) What do you mean by effective ratio? Its a overall estimate.

Reply: Thanks, effective ratio mean clinical effective ratio, we supple it in page 2, line 50.

2. The statement in material and method section "When the heterogeneity was present, the random-effects model was used to calculate the pooled OR or MD, whereas the fixed effects model was used in its absence" need to be corrected as selection of model does not depend upon the results of heterogeneity. It depends upon the nature of sample and will consider during the design of the study.

Reply: Thanks, the sentence should be changed to "When the heterogeneity >50%, the random-effects model was used to calculate the pooled OR or MD, whereas the fixed effects model was used in its absence".

3. Author should mention use of Egger and Begger statistical tests.

Reply: Thanks, we mentioned it in line 131 page 5.

4. Author should also mention the role of each authors in material and method section.

Reply: Thanks, we added it. Our literature search was comprehensive, with neither language restrictions nor publication status limitations (by Qin and Lou). Two of us identified and reviewed full-text articles deemed relevant by screening the list of titles and abstracts (by Qin and Lou). Disagreements were resolved through consensus between the two reviewers (by Shen and Gai).

5. Under section of results of heterogenity, author has mentioned results of overall estimate which is incorrect.

Reply: Thanks, we revised results of heterogenity.

6. There are number of grammatical and typographical errors throughout the manuscript.

Reply: Thanks, we revised the whole paper.

7. Author has mentioned 14 studies were included for analysis however forest plot representing only 12 studies.
Reply: Thanks, this is becouse, only 12 trails reported related results in one forest plot.

8. The label of forest plot should be presented correctly.
Reply: Thanks, the labels of forest plot were bulid in default.

9. Why MD was calculated instead of SMD?
Reply: Thanks, this is because MD was common used in meta-analysis.

Reply: Thanks, we added the citations.

Referee 2:
Point 01 I can see that the review was not registered in an online registry for systematic reviews, like PROSPERO. The PRISMA checklist should be updated to the 2020 version.
Reply: Thanks, we now provide a 2020 version PRISMA checklist.

Point 02 Conclusions of the effect of auricular plaster therapy on symptom score should not be strong, as only 4 studies were included in this analysis.
Reply: Thanks, since reported data is limited, we only included 4 articles.

Point 03 The Discussion consists mainly of a short repetition of the Materials and Methods followed by a short repetition of the Results, without a discussion per se, as one can see in the 2 following paragraphs. And after these 2 paragraphs the authors jump directly to the limitations of the study. And in the 3 first paragraphs of the Discussion the authors carried out a short literature review in the subject without actually discussing the findings of the study. “Fourteen studies were included in this systematic review and meta-analysis. The meta-analysis results showed that the effective ratio of auricular plaster therapy in the treatment of hypertension based on conventional western medicine therapy was higher than that of western medicine alone therapy (OR=3.62; P<0.00001), suggesting that auricular plaster therapy had an excellent adjuvant effect on hypertension. The decrease of DBP
(MD=5.68 mmHg; P<0.00001), SBP (MD=8.78 mmHg; P<0.00001), and symptom score (MD=3.20; P=0.001) were more evident than that of the control group, suggesting that the combination therapy of auricular plaster and western medicine was better than western medicine alone in improving clinical symptoms. It showed that auricular plaster therapy had significant health benefits in treating hypertension, which was worthy of clinical promotion. This study showed apparent heterogeneity in the assessment of the literature included in the improvement of SBP, DBP, and symptom scores. Although sensitivity analysis showed that heterogeneity did not affect the final results, we still analyzed the source of heterogeneity. After further reading and analysis of the included studies, we found that the heterogeneity may be caused by different types of antihypertensive drugs, other antihypertensive mechanisms, and different effects on SBP, DBP, and clinical symptoms, which suggested that we need to conduct a subgroup analysis on different types of antihypertensive drugs.”

Reply: Thanks, we discuss the results and describe the results. We can do a further research in the next step.