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**NEWS**


Jayant Patel, a surgeon sought by the police in Queensland over allegations concerning his medical registration and his performance at a hospital in the state, has been arrested in Oregon by the Federal Bureau of Investigation. Dr Patel operated on about 1000 patients while he was at Bundaberg Base Hospital between April 2003 and April 2005. Australian authorities want Dr Patel extradited from the United States to face 16 charges, including three of manslaughter, two of causing injuries, and seven counts of fraud. US Department of Justice documents filed with the District Court for Oregon state that Dr Patel “faces up to two life terms plus over 100 years in prison” if convicted on all the charges. A Department of Justice memorandum filed with the court states that in 1984 New York regulators had found Dr Patel guilty of gross negligence and incompetence, fined him, and placed him on probation.


The UK government is to increase drug companies’ responsibility to pass on information about clinical trials. The move comes after the regulators announced last week that it could not prosecute GlaxoSmithKline (GSK) for non-disclosure of trial data that showed it was unsafe for children younger than 18 to take the antidepressant paroxetine (Seroxat). The Medicines and Healthcare Products Regulatory Agency (MHRA) issued the final report of its four year investigation into GlaxoSmithKline, during which investigators sifted through one million pages of evidence. It concluded that the drug company hadn’t broken the law but criticised it for not reporting the information earlier. GlaxoSmithKline denied it had broken any regulations. Fears about the safety of paroxetine for children younger than 18 first surfaced in 2003 after a comprehensive review of selective serotonin reuptake inhibitors (SSRIs) by the Committee on Safety of Medicines. The review uncovered clinical trial data that show an increased . . .


The phasing out of prescription charges in Wales may have led to more demand for prescription drugs in richer areas. The percentage change in prescriptions for non-sedating antihistamines doubled during the two years after the first reduction in charges compared with the change during the two years before. In the same period rates stayed the same in parts of the south east of England, where charges remained (Health Policy 2008 Mar 6; doi: 10.1016/j.healthpol.2008.01.006). The researchers, who chose to investigate drugs for hay fever because of the high incidence of the condition, also found that the biggest increases in prescribing in Wales were in the richest areas. “This would suggest some individuals were making the decision to obtain a prescription for medication they may previously have purchased,” say the researchers. “This does not detract from the desired aim of the policy to remove a healthcare inequity. It does, . . .


According to the report, the survey, to be carried out later this year, will look at smoking in 31 provinces, autonomous regions, and municipalities. “The goal is to have at least one outpatient facility in each province, where smokers would be offered a combination of medical and psychological treatment depending on their nicotine dependence,” says the report. It says that two out of three people in the country either smoke or are affected by it. China has 350 million smokers, a figure that is growing by three million a year. An additional 50 million teenagers are thought to smoke. The number of people affected by passive smoking is estimated to have been 540 million . . .


The multinational drug company Pfizer is trying to force leading medical journals to divulge the identities and comments of anonymous peer reviewers who judged articles submitted about two of the company’s painkillers. Pfizer, which is facing a claim for damages by users of the cyclo-oxygenase-2 inhibitors celecoxib (Celebrex) and valdecoxib (Bextra), has issued subpoenas against journals including the New England Journal of Medicine, JAMA, the BMJ, and the Lancet. Editors and researchers fear the move could threaten the confidentiality of the peer review system. As the BMJ went to press the US district court in Boston was due to rule on whether Pfizer can force the New England Journal of Medicine (NEJM), which is resisting the subpoena, to hand over the information. The demand includes all documents relating to manuscripts submitted for publication, whether accepted or rejected. The journal has given Pfizer a small amount . . .


The economic and humanitarian situation in Gaza is worse now than at any time since Israel occupied the area in 1967, claims a report by eight leading charities that calls for direct negotiations with Hamas and an end to Israel’s “blockade policy.” The report was published on the day a seminary in Jerusalem was attacked, killing eight people. Early reports suggested the killer acted alone, but later several Palestinian and Lebanese organisations claimed responsibility, including Hamas. The report also followed two incursions by Israeli armed forces into Gaza that killed about 120 people. One Israeli air attack last week destroyed a clinic and medical equipment maintained in Gaza city by Oxfam, one of the charities that compiled the report. The charities’ report about conditions in Gaza said that hospitals are without electricity, and the number of patients allowed to leave Gaza for treatment has steadily declined. The other charities that . . .

Doctors, governments, and drug regulators must watch the way drug companies operate because the dearth of new medicines is taking profit chasing to new heights, an expert has warned. Joe Collier, emeritus professor of drug policy at St George’s, University of London, issued his advice in the wake of an investigation by the BBC’s Newsnight programme, which suggested that Reckitt Benckiser, the makers of Gaviscon (sodium alginate and potassium bicarbonate), maintained an effective monopoly on the market for years after the drug came off patent. The investigation, which was broadcast last Friday, claimed that the company had created obstacles to block rival manufacturers from selling cheaper generic copies, resulting in there still being no generic version of Gaviscon almost 10 years after the product’s patent expired in 1999. A former employee turned whistleblower claimed on Newsnight that the company had “cheated the NHS” and that a generic formulation of Gaviscon . . .


In the next five years patients, doctors, and health service commissioners ought to be able to compare how effective various NHS interventions are in improving health, says a report from the Office of Health Economics. Collecting data on outcomes to measure the effect of treatment on patients’ health should become a routine part of NHS work across a large part of the health service by 2013, says the report from the office’s Commission on NHS Outcomes, Performance and Productivity. The commission, which was established in autumn 2006 to look at the feasibility of collecting data on outcomes of treatment in the NHS, says that at the moment health service productivity is measured in terms of the numbers of patients treated but with no reference to how successful the activity is in improving health. It says that “within 10 years it would be the exception rather than the rule to . . .


Scientists who have been honoured with an Ig Nobel prize for science, awarded for work which “first makes you laugh, then makes you think,” have been touring the United Kingdom this week sharing some of their plans for the future. The past winner Brian Witcombe, a consultant radiologist at Gloucestershire Royal NHS Foundation, showed off his latest project. “I’ll be looking at the whole field of culinary radiology, including the imaging of ingested material and radiology in the food production and retail industries. “I’ll be exploring the value of meat pie mammography, computed tomography of vegetables, and the cost benefit of fruit radiography,” he said. Dr Witcombe won his Ig Nobel prize, a spoof of the Nobel prizes, for his report “Sword swallowing and its side effects” (BMJ 2006;333:1285-7; doi: 10.1136/bmj.39027.676690.55). He appeared at the tour’s talks with his coauthor and professional sword swaller Dan Meyer, from Antioch, . . .


The list of indicators used to rate trusts in the annual health checks is set to change in 2008-9 to place more emphasis on local priorities as well as the present national ones, the Healthcare Commission in England has announced. Nick Jones, deputy head of strategy at the commission, also said that there will be different scores for the provider and commissioning roles of primary care trusts. Speaking at a conference in London last Thursday he said that the changes reflect the government’s aim for service provision to be more responsive to the local priorities set out in its operating framework for 2008-9. Mr Jones said, “We want to assess whether primary care trusts are delivering on national priorities set out in the operating framework. “In the 2008-9 health checks there will also be an assessment of local priorities which trusts will be able to set with their partners, local . . .


A national system should be introduced to evaluate diagnostic tests for use by the NHS, a report published this week recommends. It warns that currently no process is available for deciding which of the rapidly growing number of new tests should be used. Such an evaluation system should extend to tests and scans aimed at people who are well, making information available to the public to warn them that many of these tests are not useful and can be harmful, according to a second report. The first report, The Evaluation of Diagnostic Laboratory Tests and Complex Biomarkers, notes that about one billion laboratory tests are performed each year in the United Kingdom. “NHS laboratories have sophisticated systems to ensure the analytical accuracy of the tests, yet no . . .


A large majority of GPs have voted for the first of two government options on how they will provide extended opening hours in surgeries. The BMA, however, says that GPs will effectively see their pay cut when they start working under the new system from April, as part of changes to the GP contract being imposed after negotiations broke down between the two sides. More than nine out of 10 (92%) of the GPs who took part in a BMA opinion poll voted for the first of two government options, whereby an average practice of three GPs would initially lose £18 000 and have to earn the money back by providing extended hours. The second option, under which practices would lose £36 000 and the money would be given to the primary care trust with no guarantee that it could be earned back, was rejected.

The government has failed to reduce the gap in life expectancy between people living in the richest and the poorest areas of England, a Department of Health report has found. The government's third update of the Tackling Inequalities: A Programme for Action strategy of 2003, shows that overall health is improving, with increased life expectancy for all social groups and falls in infant mortality. But life expectancy in the most deprived areas has increased by just 2.5 years for men and 1.5 years for women in the past decade. This means that the life expectancy of people living in poverty has fallen further below the national average. Babies born to poor families now have a 17% higher than average chance of dying at birth, compared with a 13% higher than average chance 10 years ago. The cross department strategy is part of a plan to reduce health inequalities in infant . . .


Less than half of England is on track to meet government targets to reduce health inequalities, MPs have been told. Across the country only 41% of local government areas (which tie in with primary care trusts (PCTs)) are expected to meet the national strategy targets of reducing inequalities in health outcomes by 10% by 2010. Department of Health officials confirmed the figure when giving evidence to the parliamentary health select committee as part of the first evidence session of the committee's inquiry into health inequalities. The session took place on the same day that the department published its third update report of its Tackling Inequalities: A Programme for Action, a strategy it published in 2003 (see News doi: 10.1136/bmj.39521.428657.DB). MPs on the committee asked how confident the department was of meeting the targets. Fiona Adshead, deputy chief medical officer, giving evidence, said, "It is too early for any . . .


Fears are growing among doctors that many primary care trusts (PCTs) are already preparing for polyclinics—large centres with GPs and specialists under one roof—even before the government gives the final go ahead later this year. Doctors’ leaders believe that, despite promises from the government that local areas will be able to choose how they modernise primary care, implementation of the policy of polyclinics is inevitable. PCTs are placing a growing number of advertisements in trade publications such as the Health Service Journal and GP magazine for GPs or companies to run such clinics, says the BMA. It is worried that polyclinics are unstoppable and may undermine the basis of general practice. The BMA expects that polyclinics will feature large in junior health minister Ara Darzi’s final proposals, which are due by June with the publication of his second stage review. Professor Darzi first mentioned polyclinics in the report Healthcare for . . .


China will increase its healthcare spending by 25%, with a budget of ¥83.2bn earmarked for 2008, up from ¥66.5bn last year. The announcement was made by China's Premier Wen Jiabao speaking at the opening day of the meeting of China's legislative body, the National People's Congress on 5 March. A package of healthcare reforms would soon be announced, he added. Of this budget, more than ¥20bn has been earmarked for central and western governments to upgrade the township health institutions in a bid to redress the balance between urban and rural healthcare provision, deputy health minister Gao Qiang added. China is grappling with major flaws in this healthcare system, which leaves many people in rural areas without affordable healthcare provision and hospitals in urban areas running on a profit-making basis, putting hospital treatment out of the reach of many urban and rural residents. The country's doctor . . .


Doctors, ethicists, and lawyers are to agree a definition for brain death for use by China’s medical community, which many doctors hope will boost organ transplants. More than 200 delegates from the disciplines of neurosurgery, organ donation, and transplantation from China and elsewhere are expected to attend a conference at the end of April in Beijing hosted by the Organ Transplant Committee to develop a consensus on brain death. The conference is being administered by China's Ministry of Health and chaired by Jiefu Huang, the vice minister for health. “The conference will try to work out a definition of brain death that can be universally accepted in medical circles and help promote the spread of the concept and healthy human organ transplants in China,” Mr Huang, whose background is in liver transplant surgery, was quoted as saying by China's official news agency Xinhua. By agreeing criteria for brain death China . . .


The Hong Kong government closed all the territory's primary schools, special schools, kindergartens, and day nurseries for two weeks on 13 March to try to minimise infection during the peak of the flu season and to calm the nerves of anxious parents. The government has not taken such a drastic public health measure since the outbreak of severe acute respiratory syndrome in 2003, when all school classes were suspended for seven weeks. Although Hong Kong is experiencing its expected seasonal peak for flu, two deaths have unexpectedly occurred. On 1 March a 3 year old girl died of respiratory causes and falls in infant mortality. But life expectancy in the most deprived areas has increased by just 2.5 years for men and 1.5 years for women in the past decade. This means that the life expectancy of people living in poverty has fallen further below the national average. Babies born to poor families now have a 17% higher than average chance of dying at birth, compared with a 13% higher than average chance 10 years ago. The cross department strategy is part of a plan to reduce health inequalities in infant . . .
blood transfusions to combat anaemia caused . . .

Aranesp and Epogen by Amgen and as Procrit by Ortho Biotech, trials used high doses of the drug. Erythropoietin is sold as those listed . . . have not been adequately studied.” Many of the cer, breast (neoadjuvant and metastatic settings), lymphoid and/or tumor promotion in head/neck, non-small cell lung can-

The US Food and Drug Administration’s oncologic drugs advisory committee has recommended limits on the use of synthetic erythropoietin products, used to treat anaemia, in many . . .

Trials have demonstrated an increased risk of death . . .

The introduction of many Cuban doctors to Venezuela as a result of political ties between the two countries is leading to strong resentment of the foreign doctors among members of the Venezuelan medical profession. Doctors at the sixth medicosocial conference of the Venezuelan Medical Council (Federación Médica Venezolana), which took place recently in Cumaná, questioned the quality of training and competence of the 20 000 Cuban doctors who work in their country. An agreement was drawn up in 2001 between Venezuela and Cuba to improve the delivery of medical care in the poorest regions of Venezuela, through a project called Misión Barrio Adentro (BMJ 2006;333:464; doi: 10.1136/bmj.333.7566.464). According to Jesús Mantilla, a Venezuelan health minister, the project reaches 95% of the population. He says that its doctors have provided more than 278 million consultations and have saved an estimated 74 000 lives. But Douglas León Natera, president of . . .

The German Federal Institute for Drugs and Medical Devices has ordered the drug manufacturer RotexMedica to recall its blood thinning heparin products from the market. The order comes after 80 patients undergoing dialysis had severe allergic reactions to the products. The side effects are thought to be linked to contaminated ingredients imported from China. The agency has asked all the 10 companies in Germany that sell heparin to test their stocks for any signs of contamination. In a statement Rotexmedica, part of the French company Panpharma, said that the active pharmaceutical ingredient in its recalled heparin came from China. “The supplier is qualified and registered, and the substance used complies with the agreed specifications,” the statement said. But it added that “it has not been possible to exclude any possibility of contamination with an unknown impurity.” Earlier this year the US Food and Drug Administration linked 19 deaths . . .


Tanne, J.H. (2008). Drugs to treat rheumatoid arthritis may have cardiovascular benefits. British Medi
cal Journal, 336 (7644), 580.

cal Journal, 336 (7644), 632.


Poor countries should improve their working conditions to keep hold of their doctors and nurses, an international meeting on the global shortage of healthcare workers was told. But rich countries should also train more of their own healthcare work-


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GPs would be able to refer patients who have been signed off sick to a “fit for work” multidisciplinary team, under radical new plans designed to overhaul attitudes to occupational health and reverse Britain’s “sick note culture.” An estimated 175 million working days were lost to illness in the United Kingdom in 2006. In England, the annual cost of sick leave and worklessness added up to more than £100bn more than the current annual NHS budget for England and Wales. Under the new plans, drawn up by Carol Black, the UK’s national director for health and work, occupational health would also be brought into mainstream health care and its academic base and profile bolstered. The fit for work teams, based in primary care, would provide rapid early treatment in a bid to prevent the slide into long term sick leave and incapacity benefit. The teams would follow . . .


The new system in England to represent patients’ and public opinion on health and social care is poorly resourced, insufficiently independent, and unlikely to be able to exercise any real clout, claims the BMA. In the second of its reports on the future of the NHS in England the BMA raises several concerns about local involvement networks (LINKs), which will replace patient and public involvement forums next month. The new networks will enable commissioners, regulators, and local authorities’ overview and scrutiny committees to gauge public opinion on health and social care, excluding privately run NHS services. Each local authority will fund its own LINK, which will number 150 than the forums they are replacing. But this funding arrangement may compromise the networks’ autonomy, says the BMA. And because the funds aren’t ringfenced they could be diverted elsewhere. It also argues that the networks lack an overarching body to coordinate . . .

RESEARCH


Cost effectiveness in cost per quality adjusted life year (QALY) (EQ-5D) and effect on dyspeptic symptoms at one year measured with short form Leeds dyspepsia questionnaire. 343 patients were randomised to testing for H pylori, and 100 were positive. The successful eradication rate was 78%. 356 patients received proton pump inhibitor for 28 days. At 12 months no significant differences existed between the two groups in QALYs, costs, or dyspeptic symptoms. Minor reductions in costs resource use over the year in the test and treat group “paid back” the initial cost of the intervention. Test and treat and acid suppression are equally cost effective in the initial management of dyspepsia. Empirical acid suppression is an appropriate initial strategy. As costs are similar overall, general practitioners should discuss with patients at which point to consider H pylori testing.


Griffiths developmental quotient and an adapted MacArthur communicative development inventory 18 months after supplementation; biochemical markers in blood and urine at age 12 months. Children randomised to antioxidant supplements attained similar developmental outcomes to those without antioxidants (mean Griffiths developmental quotient 57.3 v 56.1; adjusted mean difference 1.2 points, 95% confidence interval –2.2 to 4.6). Comparison of children randomised to folinic acid supplements or no folinic acid also showed no significant differences in Griffiths developmental quotient (mean 57.6 v 55.9; adjusted mean difference 1.7, –1.7 to 5.1). No between group differences were seen in the mean numbers of words said or signed: for antioxidants versus none the ratio of means was 0.85 (95% confidence interval 0.6 to 1.2), and for folinic acid versus none it was 1.24 (0.87 to 1.77). No significant differences were found between any of the groups in the biochemical outcomes measured. Adjustment for potential confounders did not appreciably change the results. This study provides no evidence to support the use of antioxidant or folinic acid supplements in children with Down’s syndrome.


Intervention All participants were offered spirometric assessment of lung function. Participants in intervention group received their results in terms of “lung age” (the age of the average healthy individual who would perform similar to them on spirometry). Those in the control group received a raw figure for forced expiratory volume at one second (FEV1). Both groups were advised to quit and offered referral to local NHS smoking cessation services. The primary outcome measure was verified cessation of smoking by salivary cotinine testing 12 months after recruitment. Secondary outcomes were reported changes in daily consumption of cigarettes and identification of new diagnoses of chronic obstructive lung disease. Follow-up was 89%. Independently verified quit rates at 12 months in the intervention and control groups, respectively, were 13.6% and 6.4% (difference 7.2%, P=0.005, 95% confidence interval 2.2% to 12.1%: number needed to treat 14). People with worse spirometric lung age were no more likely to have quit than those with normal lung age in either group. Cost per successful quitter was estimated at £280. A new diagnosis of obstructive lung
disease was made in 17% in the intervention group and 14% in the control group; a total of 16% (89/561) of participants. Telling smokers their lung age significantly improves the likelihood of them quitting smoking, but the mechanism by which this intervention achieves its effect is unclear.


Randomised and quasi-randomised controlled trials of statins compared with placebo or other statins in chronic kidney disease. Two reviewers independently assessed trials for inclusion, extracted data, and assessed trial quality. Differences were resolved by consensus. Treatment effects were summarised as relative risks or weighted mean differences with 95% confidence intervals by using a random effects model. Fifty trials (30 144 patients) were included. Compared with placebo, statins significantly reduced total cholesterol (42 studies, 6390 patients; weighted mean difference -42.28 mg/dl (1.10 mmol/l), 95% confidence interval -47.25 to -37.32), low density lipoprotein cholesterol (39 studies, 6216 patients; -43.12 mg/dl (1.12 mmol/l), -47.85 to -38.40), and proteinuria (g/24 hours) (6 trials, 311 patients; -0.73 g/24 hour, -0.95 to -0.52) but did not improve glomerular filtration rate (11 studies, 548 patients; 1.48 ml/min (0.02 ml/s), -2.32 to 5.28). Fatal cardiovascular events (43 studies, 23 266 patients; relative risk 0.81, 0.73 to 0.90) and non-fatal cardiovascular events (8 studies, 22 863 patients; 0.78, 0.73 to 0.84) were reduced with statins, but statins had no significant effect on all cause mortality (44 studies, 23 665 patients; 0.92, 0.82 to 1.03). Meta-regression analysis showed that treatment effects did not vary significantly with stage of chronic kidney disease. The side effect profile of statins was similar to that of placebo. Most of the available studies were small and of suboptimal quality; mortality data were provided by a few large trials only.


Ratios of odds ratios quantifying the degree of bias associated with inadequate or unclear allocation concealment, and lack of blinding, for trials with different types of intervention and outcome. A ratio of odds ratios <1 implies that inadequately concealed or non-blinded trials exaggerate intervention effect estimates. In trials with subjective outcomes effect estimates were exaggerated when there was inadequate or unclear allocation concealment (ratio of odds ratios 0.69 (95% CI 0.59 to 0.82)) or lack of blinding (0.75 (0.61 to 0.93)). In contrast, there was little evidence of bias in trials with objective outcomes: ratios of odds ratios 0.91 (0.80 to 1.03) for inadequate or unclear allocation concealment and 1.01 (0.92 to 1.10) for lack of blind-