

BMJ 013300

This is an interesting and well argued piece.

I do have some major concerns.

1. Most of the data presented to support the arguments come from the Cholesterol Treatment Trialists. However, often imprecise estimates are made based on published reports. One example is the data in the table that are essentially estimates based on various assumptions. Another is the statement that around 40% of the major vascular events in the CTT meta-analysis were revascularisations (page 5 line 28).

It is not made clear whether the authors requested the exact data they required from the CCT. Perhaps, if the CTT refuse then the estimates might be justified, but this needs to be clearly documented.

2. The results presented for myopathy are misleading. NHANES focused on ascertaining symptoms from people exposed to statins. Muscle pain is incredibly common in the general population and is thus incredibly common among people both treated and not treated with statins. In the randomised Heart Protection Study, almost one third of people in both arms (i.e. including the placebo arm) complained of muscle pain and the effect estimate was 0.99 (95% CI 0.95 to 1.03). Serious rhabdomyolysis was rare: 5 cases in the 10,269 allocated to simvastatin and 3 cases in the 10,267 allocated to placebo.

3. There seems to be a 10 fold difference in the risk ratio for diabetes comparing CTT with both observational studies and with the JUPITER trial. Some discussion of how such discrepant results could have occurred would be interesting.

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