

On 11 May 2014, at 18:18, Fiona Godlee <fgodlee@bmj.com> wrote:

Many thanks Liam. I will strengthen the comment about the uncontrolled nature of the data and the equal rates in active and placebo arms in the RCTs. I sent the text of the correction to Zhang et al, and they have come back saying they are happy with the interpretation placed on their data in the correction, so I propose to leave the 9% figure as it stands. Many thanks again for your help. Best wishes, Fi

On 9 May 2014, at 17:05, Liam Smeeth <Liam.Smeeth@lshtm.ac.uk> wrote:

Dear Fiona
two comments.

1. While they have apologised, they have also undertaken a new misleading calculation to come up with a figure of 9%.

As I said in my referee's report:

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.

This means that in any observational study of statin use, a large number of people (likely to be something like one third) will get muscle pain that they would have got without statins. A varying proportion of this muscle pain (that is nothing to do with statins) will be blamed on statins, and a varying proportion of people will then stop their statins because of wrongly blaming them for muscle pain. Even if the 9% is the correct number, interpreting this as being the people who had side effects caused by statins is plainly wrong.