LETTERS

ADVERSE EFFECTS OF STATINS

The BMJ statins papers misrepresent the facts

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I fully support Rory Collins's request that *The BMJ* retracts Abramson and colleagues' and Malhotra's papers.¹⁻³ The authors totally misrepresent Zhang and colleagues' claims that statins were causally related to side effects in 20% of statin users.⁴ The two papers also imply that these side effects were not reported in trials because trial sponsors could have influenced the results and downplayed the drugs' side effect profiles.

As co-chief investigator of ASCOT,⁵ an independently designed and led trial, in which the data were analysed and published independently of the funder, Pfizer, I strongly refute such implications. In ASCOT, we detected drug related side effects of the angiotensin converting enzyme inhibitor (cough) and the calcium channel blocker (ankle oedema).⁶ So if statins were causally related to myalgia or myopathy, why did we not detect this in a trial of 10 000 people?⁷ Adverse events and withdrawals from treatment were identical in those taking placebo or statin. Perhaps the answer is provided by a recent study, where rechallenge of patients previously withdrawn from statin because of myalgia, yielded the return of identical symptoms with both statin and placebo.⁸

The effect of these papers^{2 3} is that, for the wrong reasons, patients whose future morbidity and mortality from cardiovascular disease would have benefited substantially from statin therapy, will be dissuaded from taking the drugs or will discontinue them if they are already receiving treatment.

The BMJ has taken a strong position on scientific integrity, and its condemnation of the *Lancet*'s publication of the Wakefield measles, mumps, and rubella scandal was well received. The

same principles should apply over the critical reviews of these two statin papers. The reporting of bad science is the prerogative of the lay press, not *The BMJ*.

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Full response at: www.bmj.com/content/348/bmj.g3306/rr/700606.

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