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The BMJ responds to “inaccurate statements” over statins articles

Publication of documents “serve to correct the public record,” says The BMJ’s Editor in chief

In light of “inaccurate statements” made last week in the Lancet by its editor Richard Horton, The BMJ today publishes documents relating to a complaint about two statins articles it published in 2013.

The complaint was made by Professor Rory Collins to the Committee on Publication Ethics (COPE) in October 2014. Last week, Richard Horton wrongly stated that COPE had “declined to act” on Collins’ concerns.

COPE did not decline to act, says Dr Fiona Godlee, The BMJ’s Editor in chief.

The documents published today outline COPE’s deliberations on the concerns raised and The BMJ’s response, and come to a clear conclusion that The BMJ “acted appropriately” in its handling of the articles which questioned the use of statins in people at low risk of heart disease.

This conclusion confirms the unanimous decision of an independent expert panel in August 2014 that The BMJ should not retract the two articles.
“We hope that publication of the documents relating to the complaint will serve to correct the public record,” says Dr Godlee.

Dr Godlee has also written to England’s chief medical officer, Sally Davies, asking her to set up an inquiry into the statins saga and an independent review of the evidence on statins.

“Independent third party scrutiny of the statins trial data remains an essential next step if this increasingly bitter and unproductive dispute is to be resolved,” she writes in her weekly column.

The authors of the Lancet review clearly consider it to be a definitive account of the evidence on statins that should, they say, bring an end to a dangerous debate.

But not everyone agrees.

Commenting in The BMJ this week, Harlan Krumholz, Professor of Medicine at Yale University, agrees on the strong case for the overall benefits of statins, but he wants more acknowledgment of the trials’ limitations. These include the lack of good evidence in elderly people, the variation in how adverse event data were collected, and the ageing of the trials themselves.

And in a BMJ blog, Richard Lehman, retired GP and Senior advisory fellow in primary care at Cochrane UK, says that adverse effects are much more common than the trials suggest.

“Muscle pain and fatigability are not a figment of misattribution and public misinformation,” he says. “They are too prevalent and recurrent in people who desperately want to stay on statins. Rather than discount a widely observed phenomenon,
we should ask why there is such a mismatch with reporting in the trials.”

We need an independent review of statins, says Godlee. As Krumholz concludes, sharing the individual patient level data from the statins trials would send “a strong message that no single person or group should have exclusive access to data” that are so important for public health.

For all The BMJ’s content relating to the statins debate go to bmj.com/campaign/statins-open-data

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Links:
Response to COPE complaint:
http://www.bmj.com/content/351/bmj.h3908/rr-8
COPE documents:
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