Publications of clinical trial results are subject to publication bias. The risk of stroke and mortality from stroke are higher in black ethnic groups compared with white groups.

Analysis of survival after stroke between ethnic groups has rarely controlled for differences in socioeconomic status, management of pre-morbid risk factors, case mix, or acute management.

What this study adds

Black people with good mobility before a stroke and older black people have a substantial survival advantage over similar white people.

What is already known on this topic

The risk of stroke and mortality from stroke are higher in black ethnic groups compared with white groups.

Systematic review of publication bias in studies on publication bias

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Publication bias is a well known phenomenon in clinical literature, in which positive results have a better chance of being published, are published earlier, and are published in journals with higher impact factors. Conclusions exclusively based on published studies, therefore, can be misleading. Selective under-reporting of research might be more widespread and more likely to have adverse consequences for patients than publication of deliberately falsified data. We investigated whether there is preferential publication of positive papers on publication bias.

Methods and results

We identified studies that assessed the impact of publication bias in Medline (January 1993 to October 2005) using the search terms “publication bias”, “citation bias”, “language bias”, location bias”, “reference bias”, or “multiple publication bias”. We also searched the references of a Cochrane review on publication bias.

We restricted the search to publications that primarily investigated publication bias and whose acceptance might have depended on whether they had found publication bias or not. We retrieved 265 references. Of these, we chose 148 for full examination. Their bibliographies yielded 26 additional papers. We

References for the 26 studies are on bmj.com

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Papers

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A memorable doctor

Alastair Short was my trainer in general practice. Tragically, he died in a climbing accident, but I had occasion to find myself reflecting about him recently. On entering my consulting room, I found my next patient sitting behind the desk in what could be considered “my chair.” I recalled a time over coffee when Alastair had laughingly told us of a similar experience that he had had. Without drawing the patient’s attention to what could otherwise have been a potentially embarrassing situation, he conducted the consultation from what would normally be the patient’s chair. Alastair told us that it had given him a different perspective on the role of the patient—patient’s hopes, fears, and expectations became just that little bit easier to appreciate.

I remember at the time dismissing his comments—perhaps because I was concerned that the removal of the “security blanket” of my familiar domain could expose some inherent weakness or perceived loss of status. However, when faced with the same situation myself, it made sense to carry on in the “reverse positions.” Alastair was right: the consultation went well, and the patient left seemingly contented.

The effect is the ratio of the odds of a positive study on publication bias. But, with just 26 studies, the power to detect asymmetry in a funnel plot was low. Furthermore, the definition of the terms “positive” and “significant” is non-uniform and sometimes rather arbitrary in the studies reinvestigated here. For example, Dickersin (see bmj.com) used the definition “studies reported to have statistically significant findings were combined with those reported to have findings of great importance. Together they are referred to as ‘significant’ and are contrasted with the remainder, which are referred to as ‘not significant.’”

Most data on publication bias were recorded retrospectively and lack prospective registration, as does the present analysis. Prospective and registered studies on publication bias are needed.

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What is already known on this topic

Studies estimated to have publication bias seemed more likely to be published at all, earlier, and in journals with higher impact factors; as a consequence effects are often overestimated.

What this study adds

These findings do not indicate publication bias in reports on publication bias.