Statins: impartial assessment

In 2017, what is the evidence for the efficacy of statins in preventing cardiovascular events in patients who have already had one? For which patients are they effective? What are their harms? *Prescrire*'s review of statins in secondary cardiovascular prevention provides some answers to these fundamental questions, together with concrete advice on how to put this knowledge into practice (see pp. 212-220 of this issue).

This review shows that the evaluation data and evidence of efficacy are not equally strong for all statins. That statins should not be proposed systematically to all patients who have experienced a cardiovascular event. That the information provided to patients should be presented in a highly nuanced manner, without oversimplification, extrapolation or generalisation.

To compile this review, *Prescrire* conducted a broad, systematic, reproducible literature search, and extracted results from this search in accordance with our standard procedure. And while preparing this review, *Prescrire* remained free from any form of influence, whether it be from pharmaceutical companies, the opinion leaders they fund, or well-known critics of statins.

The aim is to remain dispassionate. To base our conclusions on actual evidence and divergent viewpoints. We analysed the facts, not just opinions. We analysed the data in favour of and against statin therapy. Without any bias, other than the interests of patients. We compared the information about trials provided by drug companies in articles published in prominent journals with information found elsewhere, such as in documents supplied by drug regulatory agencies. We took into account any criticisms made by methodologists and statisticians. We thoroughly and critically examined all the data. Keeping a few rules in mind to avoid falling for the hype, for example: taking care not to confuse correlation with causation; focusing on meaningful clinical endpoints; taking into account publication bias and the distortion caused by non-publication of some data; taking into account the statistical power of trials; demanding evidence of therapeutic advance; and taking into consideration the reasons that led to various health scandals in recent decades.

And also by relying on the collective expertise of *Prescrire*'s editorial staff and the critical feedback provided by our reviewers.

This is how we ensure impartial analyses for the subscribers who sustain *Prescrire*. To help patients make decisions on the basis of actual evidence.

Prescrire

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EDITORIAL

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