

LETTERS



CORONARY ARTERY DISEASE: SCREEN OR TREAT?

Authors' reply to Perry

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We thank Perry for raising the interesting difference between research trials where both patients and staff are blinded to whether the tablet is really a statin and everyday practice where patients and doctors know whether a statin is being taken.^{1 2} In the blinded trials, there are indeed reports of symptoms, but (in the published data) these are equivalent between statin and placebo. In everyday practice, there are reports of symptoms but no blinded comparator group.

While in some cases symptoms might be a pharmacological effect that cannot be evaded, the blinded randomised data suggest that in other cases it might be a non-pharmacological (nocebo) effect. In routine practice patients have no way to find out for themselves which is the case for them individually.

We are delighted to report that the British Heart Foundation is supporting a patient centred randomised controlled trial with multiple blinded segments for each patient (statin, placebo, and no treatment). We expect this to allow patients to judge for

themselves where symptoms are coming from—the statin or being on any tablet (even placebo).

We invite any UK based doctors with patients who have stopped statins because of symptoms to look at the SAMSON website (<http://www.preventingheartdisease.org/>) and get in touch with us.

Together we may be able to move closer to providing what our patients most need—a simple, scientifically valid, and personalised answer to this vexing question.

Competing interests: None declared.

- 1 Perry TL. Ignoring adverse experiences of people taking statins. *BMJ* 2016;353:i2030.
- 2 Francis DP, Cole GD. Coronary artery disease: screen or treat? *BMJ* 2016;352:i1395. doi: 10.1136/bmj.i1395 pmid:26987757.

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