

>>>>>>
>>>>>> *"Results showed that the participants who took Zocor decreased
>> their
>>> odds
>>>>>> of overall mortality by 1.8% in the next five years, compared to
>>>> those
>>>>> who
>>>>>> were untreated (placebo group)"*
>>>>>>
>>>>>>
>>>>>> *I think it's a convoluted sentence... It's not directly saying that
>> it
>>>>>> reduced deaths of the group by 1.8%, it's saying it reduced the odds
>> of
>>>>>> dying by 1.8%. Then you need to look at... What were the
>> participants'
>>>>>> odds of dying within 5 years without the Zocor treatment? If it was
>> high
>>>>>> risk, say 20% (just picking a number out of thin air), then after
>> the 5
>>>>>> years of Zocor was the risk then 19.64%? Or does it mean it was down
>> to
>>>>>> 18.2%?*
>>>>>>
>>>>>> *Working through the numbers: If you have your group of 1000, all at
>> the
>>>>>> same 20% high risk, by the odds, untreated, 200 would likely die
>> within
>>>>>> 5 years. According to the statement, after the Zocor treatment the
>>>>>> overall risk is lowered by 1.8% to either 19.64% or 18.2%. Therefore
>>>>>> you'd expect either 196 or 182 to die during the 5 years. Of your
>>>>>> original 1000, either 4 or 18 would not die who had been expected
>> to --
>>>>>> by appearances the med "saved" either .4% or 1.8% of all
>> participants.
>>>>>> (This still means that 182 or 196 taking Zocor died regardless of the
>>>>>> treatment.)*
>>>>>>
>>>>>> *The question then to ask is whether it's cost effective, not only
>>>>>> financially but side-effect-wise to medicate 1000 to save 18 – or
>> less,
>>>>>> 4. It would appear to me, given the percentage of patients who
>>>>>> experience negative side-effects (roughly 5% according to some
>> reports
>>>>>> and Dr. Chung) that 3 times, or more, the number of patients are
>>>>>> detrimentally affected than are helped.*
>>>>>>
>>>>>> *(I attempted to find where the statement entered into the thread to
>> read
>>>>>> the original context but wasn't successful.)*
>>>>>>

>>>> *Yes I agree we don't know the precise numbers because we do not have
>> the
>>>> original article, but it does clearly say that less people in the
>> Zocor
>>>> group
>>>> died than in the placebo group – which is the only point I am trying
>> to
>>>> make.
>>>>> <snip>
>>>>
>>>> Careful. You have not addressed the "unrelated" category of deaths.
>>>>
>>>>
>>> For about the 10th time the quote said:
>>>
>>>> "Results showed that the participants who took Zocor decreased their odds
>>>> of overall mortality by 1.8% in the next five years, compared to those
>>>> who were untreated (placebo group)"
>>>>
>>>>
>>>> And I think "overall mortality" kinda means "overall mortality".
>>>>
>>>> Bill
>>>>
>>> I think you kinda want it to mean that.
>>>>
>>>> Are you saying that if a person drops out of the study due to being hit by
>>>> lightning and killed instantly, that would help the statistics of the group,
>>>> placebo or statin, from which he came? That would further weaken the 1.8%
>>>> odds (as described so excellently in the post we are following).
>>>>
>>>> You need to check the full story to see if the authors kinda meant that or
>>>> if you are kinda jumping to conclusions.
>>>>
>>>>
>>>> You should go back and read the original article. Cardiac deaths are discussed
>>>> separately. Yes, I think it is reasonable to assume the words mean what they
>>>> say. And it is unreasonable for you to assume that the words mean differently
>>>> than what they say. In other words in your view, "overall mortality" does not
>>>> mean "overall mortality" Is that correct?
>>>>
>>>> I would think also the burden of proof is on you.
>>>>
>>>> Bill
>>>>*

Actually, Sharon makes a good analogy: the odds of getting hit and killed by lightning are probably similar to the odds of dying from a statin side-effect.

sci.med.cardiology: Re: "Statins caused my kidney failure"

(I know that's not what she meant, but we take what ever crumbs we can get.)

L.