

ASPIRIN EXPRESS

You'll have to excuse me: I'm in a bit of a rush. I'm off to the chemist. You see, according to the front page of the *Daily Express*, 'Aspirin cuts risk of dying by 25%'. I'm off to get stocks in, because no one wants to die do they? And if I'm one of the lucky one in four, then think what I can save on life insurance premiums. Ben Goldacre, who writes the Bad Science column in the *Guardian*, memorably wrote that the *Daily Mail* divides all substances in the world into those that cause and those that cure cancer. Only such a bimodal worldview could think up such a stupid headline.

In the rush of the chattering classes to criticise the *Daily Mail*, and I'm well up in the forefront, it's easy to overlook that the *Daily Express* is actually a far worse newspaper. When they have nothing else for the front page, they print the latest 'evidence' that MI6/Prince Philip murdered Princess Diana. No matter that drunk plus too fast plus no seat belt add up quite well, the conspiracy theorists can make everything look suspiciously sinister. One can understand Mohamed Al-Fayed's non-acceptance; after all, he lost his son. But do *Express* readers really believe the conspiracy?

The facts behind their aspirin splash are, unsurprisingly, complicated. It was a good study, but enrolled only women, in fact, only nurses. It was not an intervention study but an epidemiological one. The effect was on death from all causes and contradicts previous randomised controlled trials. As the authors were careful to state, and the *Daily Express* to underplay considerably, it is association not causation and there are all sorts of possible confounding factors.

And now the bad news that the NHS has miraculously come within budget this year and so our beloved Secretary of State for Health can hold onto her seat. Of the possible ways they might have done it,¹ they chose distorted accounting, moving money from such ready sources as what was supposedly put aside for study leave. I have just seen a letter circulating in our Trust, asking medical staff to realise that the year ahead will be difficult. The main difficulty at the moment is whether, come August, the MTAS/MMC process will deliver any trainees at all. The news even reached us on holiday in New Zealand, and is prompting an active recruitment drive for doctors to go and work there. Listening to the dawn chorus in New Zealand is better than aspirin any day.

REFERENCE

1. Goodman N. Into the black. *Br J Gen Pract* 2007; 57: 167.

Tips and tricks in performing a systematic review

CHAPTER 1

Why do, and what to do when starting a systematic review

Frequently people ask what is a systematic review, what is the point, how does it differ from a normal literature review or meta-analysis, and what is the first thing I do to get started?

To address the first point, a systematic review is: a systematic search of literature through designated and clearly defined sources, followed by systematic data analysis and explanation. It differs from a literature review because a literature review may only include articles that the author(s) know about and that support their beliefs. Therefore, the systematic review is supposed to be an unbiased and replicable representation of current knowledge with reference to a particular topic.

The purpose of a systematic review can be considered to be twofold:

- to gather all existing knowledge and influence policy, process, and practice; and
- to generate hypotheses which need further research.

The process that follows is nearly identical for each type of review.

The first step is to outline your research question, and identify the knowledge you are looking to gather. Step two is to conduct some unsystematic research to check that a review does not already exist. The best places to look for a review are in databases that only have reviews: for example, the Cochrane Database of Systematic Reviews (CDSR); Centre for Reviews and Dissemination (CRD); and Joanna Briggs Institute (JBI). If you are unable to find any completed reviews the CRD has a register of ongoing reviews.

And if you still can not find any reviews have a 'quick' look on www.pubmed.gov using the review and meta-analyses limits.

If you find a systematic review in the relevant area, look to see if:

- it directly answers your question;
- when it was implemented, as many reviews need updating; and
- if it is a good quality review.

To assess its quality read the QUORUM statement, which defines what a high quality systematic review should entail.¹

If you still think you need to perform a review, the next step is gathering preliminary evidence (details in next month's issue of the Journal).

Adrian Sayers

REFERENCES

1. Moher D, Cook DJ, Eastwood S, *et al*. Improving the quality of reports of meta-analyses of randomised controlled trials: the QUORUM statement. Quality of reporting of meta-analyses. *Lancet*. 1999 354(9193): 1896-1900.