

ASHBY ADVISOR

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Well, it's time for some serious summer reading before the vacations start. This time I'll show you why we need to be careful of any "studies" reported in the news. Remember the "coffee is good, coffee is bad" debate with study after study. Guess what, they are probably ALL correct for the parameters they measured.

So, I was curious when I saw a report in April 2008 saying that certain vitamins can shorten life span. On the surface it looks legitimate. But I did find a step by step breakdown of how they came to these conclusions.

Here is a summary of that analysis:

-815 vitamin studies were considered. Why not several thousand others? They didn't say. But 748 studies were excluded for the following reasons:

-405 studies were left out because **NO** deaths were reported, therefore **NO** increase in mortality risk.

-245 were excluded for other reasons such as: 1) Specific allocation methods for the participants were not described in enough detail, 2) the methods of hiding the vitamin was not described in detail, 3) the specific blinding method was not described in enough detail, 4) there were no drop outs or withdrawals but the reason for this lack was not described in detail, 5) in trials with dropouts, again, there was not enough detailed explanation.

Studies **INCLUDED** had ranges of study periods from 28 days to 12 years. One study was based on a single dose of Vitamin A. Two-thirds of the studies were done on patients with an active disease process ongoing.

The study authors had this to say about their findings, which sums up exactly what I've said numerous times; studies can be made to have the outcome you desire. Pay close attention to this paragraph. As one rebuttal author stated, "This is patently absurd".

"In essence, the results of this meta-analysis suggest that different doses of vitamins, different patient populations, and single vs. combined antioxidants had **absolutely no effect upon mortality risk** when the initial statistical model is used, but that vitamins increase mortality risk **regardless of dose** or **patient population** when a different statistical model is substituted."

They are saying "in essence" – any vitamin intake at any dose can increase mortality risk, but only if you use a specific model of analysis.

So, I guess I'll roll the dice and take my chances – I'm still taking my supplements as usual.

*Quote of the email: The handwriting on the wall is often Greek to most of us.