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Better standards for better reporting of RCTs

A revised CONSORT statement should further improve standards of reporting

In the first months of their scientific training, students are taught the importance of transparent descriptions of methods and results in scientific communication. Exchange of opinions is not only beliefs and opinions but also, and primarily, observations and the methods used to obtain them—exposing them to critical scrutiny and the possibility of replication.

These days, not just scientists turn to the medical literature. Clinical practitioners and other decision makers search Medline in the hope of finding evidence in valid studies that apply to their problems. Most decision makers do not even think about or have the means for replicating studies. Yet in this era of evidence based medicine all are aware of the necessity of critical appraisal: to examine the results, not just the opinions; to judge the potential for bias in the design, conduct, analysis, and interpretation of studies; and to evaluate the generalisability (or otherwise) of the findings.

Randomised clinical trials are rightfully regarded as the best tools for gathering evidence on the effectiveness of health care interventions. Unfortunately, the maturity of randomised trials, now over 50 years old, is not always reflected in the rigour with which they are conducted or the transparency with which they are reported.

In an attempt to remedy the deficiencies in trial reporting, several scientists and editors of biomedical journals developed the CONSORT statement (the consolidated standards of reporting trials). CONSORT comprises a short checklist of essential items and a flow diagram to be used in reporting trials.1

The 1996 version of the statement was immediately used by several journals but also met with complaints and mild criticism. In a further attempt to improve the understanding, dissemination, and use of CONSORT, the group developed revised versions of the checklist.

Do probiotics prevent childhood illnesses?

They show promise, but bigger studies are needed

Concerns about antibiotic resistance have lead to an increased interest in alternative approaches for controlling common childhood infections. Since prevention would obviate the need for treatment, the prophylactic use of probiotic bacteria to prevent these illnesses has been proposed, and a study in this week’s issue examines the effect of a probiotic milk on diarrhoeal and respiratory infections in children attending day care centres in Finland (p 1327).¹

Probiotics are viable bacteria that colonise the intestine and modify the intestinal microflora and their metabolic activities, with a presumed beneficial effect for the host.² ³ Many of these probiotics are lactic acid bacteria, such as lactobacillus or bifidobacterium, but...