

**Appendix 1: All-cause mortality associated with the use of statins in primary prevention settings as reported in recent meta-analyses of their efficacy**

Study	No. of included trials	No. of patients involved	Median duration of follow-up, yr	RR (95% CI)
Tonelli et al. 2011 <sup>1</sup>	29	80 711	2.0	0.90 (0.84–0.97)
Ray et al. 2010 <sup>2</sup>	11	65 229	3.7	0.91 (0.83–1.01)
Brugts et al. 2009 <sup>3</sup>	10	70 388	4.1	0.88 (0.81–0.96)
Thavendiranathan 2006 <sup>4</sup>	7	42 848	4.3	0.92 (0.84–1.01)
Taylor et al. 2011 <sup>5</sup>	14	34 272	NA	0.83 (0.73–0.95)

Note: CI = confidence interval, NA = not available, RR = relative risk.

**References**

1. Tonelli M, Lloyd A, Clement F, et al. Efficacy of statins for primary prevention in people at low cardiovascular risk: a meta-analysis. *CMAJ* 2011 Oct. 17 [Epub ahead of print].
2. Ray KK, Seshasai SR, Erqou S, et al. Statins and all-cause mortality in high-risk primary prevention: a meta-analysis of 11 randomized controlled trials involving 65,229 participants. *Arch Intern Med* 2010;170:1024-31.
3. Brugts JJ, Yetgin T, Hoeks SE, et al. The benefits of statins in people without established cardiovascular disease but with cardiovascular risk factors: meta-analysis of randomised controlled trials. *BMJ* 2009;338:b2376. doi: 10.1136/bmj.b2376.
4. Thavendiranathan P, Bagai A, Brookhart MA, et al. Primary prevention of cardiovascular diseases with statin therapy: a meta-analysis of randomized controlled trials. *Arch Intern Med* 2006;166:2307-13.
5. Taylor F, Ward K, Moore TH, et al. Statins for the primary prevention of cardiovascular disease [review]. *Cochrane Database Syst Rev* 2011;(1):CD004816.