Department of Public Health, University of Oxford H Andrew W Neil reader in clinical epidemiology

Correspondence to: S E Roberts stephen.roberts@ uhce.ox.ac.uk

diabetes in the past 30 years. Because methods for glycaemic control and the delivery of insulin therapy have improved over time, the proportion of people admitted with diabetes whose condition is difficult to control is unlikely to have increased. Survival of young people with type 1 diabetes whose disease was serious enough to warrant admission is therefore not likely to have improved much.

Leicester Gill, Glenys Bettley, and Myfanwy Griffith built the database. We thank Myfanwy Griffith and David Yeates for

Contributors: SER and MJG designed the study and wrote the first draft of the manuscript; SER analysed the data; and HAWN contributed to study design, interpretation, and further drafts. SER and MJG are guarantors for the paper.

Funding: The Oxford record linkage study was a project of the former Oxford Regional Health Authority. The Unit of Health-Care Epidemiology is funded by the Department of Health to analyse the linked data

Competing interests: None declared.

Ethical approval: The historical data files were built with approval from the Oxford Region Data Protection Steering Group and the Health Authorities' Caldicott Guardians; and are wholly anonymised. Ethical approval was not needed for analysis of anonymised statistical datasets.

- McNally PG, Raymond NT, Burden ML, Burton PR, Botha JL, Swift PG, et al. Trends in mortality of childhood-onset insulin-dependent diabetes
- mellitus in Leicestershire: 1940-1991. *Diabet Med* 1995; 12:961-6. Laing SP, Swerdlow AJ, Slater SD, Botha JL, Burden AC, Waugh NR, et al. The British Diabetic Association cohort study, I: all-cause mortality in patients with insulin-treated diabetes mellitus. *Diabet Med* 1999;16:459-65. Wibell L, Nystrom L, Ostman J, Arnqvist H, Blohme G, Lithner F, et al.
- Increased mortality in diabetes during the first 10 years of the disease. A population-based study (DISS) in Swedish adults 15-34 years old at diagnosis, I Intern Med 2001:249:263-70.
- KO, Stenager EN, Green A, Svendsen A. Suicides in men with IDDM. Diabetes Care 1994:17:210-2
- Nishimura R, Matsushima M, Tajima N, Agata T, Shimizu H, LaPorte RE. A major improvement in the prognosis of individuals with IDDM in the past 30 years in Japan. The Diabetes Epidemiology Research International Study Group. *Diabetes Care* 1996;19:758-60. (Accepted 27 November 2003)

Does the type of competing interest statement affect readers' perceptions of the credibility of research? Randomised trial

Sara Schroter, Julie Morris, Samena Chaudhry, Richard Smith, Helen BarrattTopic: 344;215;166

BMJ Editorial Office, BMA House, Tavistock Square, London WC1H 9JR Sara Schroter senior researcher Richard Smith editor Helen Barratt research assistant

Medical Statistics Department, Education and Research Centre, Wythenshawe Hospital, Manchester M23 9LT Julie Morris head of medical statistics

General Surgery North Staffordshire University Hospital, Stoke-on-Trent ST4 7LN

Samena Chaudhry preregistration house

Correspondence to: S Schroter sschroter@bmi.com

BMJ 2004;328:742-3

Financial relationships among industry and academic institutions are diverse and common.¹ These interests can influence authors' conclusions² and readers' perceptions of published studies.³ We report the effects on reader perceptions of different statements of competing interests for two manuscripts.

Participants, methods, and results

We used computer generated random numbers from the British Medical Association's membership database (to select 900 BMJ readers). We randomised 450 to be sent a paper about the use of problem lists in letters between hospital doctors and general practitioners⁴ (problem lists paper) and 450 to be sent a paper indicating that the impact of pain from herpes zoster on patients' daily functioning may be substantial (herpes paper).5 We previously reported a study using the herpes paper,3 and we have incorporated the results from that study in this paper. For each of the papers, 150 readers received the paper with no competing interests declared, 150 with a financial statement, and 150 with a statement that the author was a recipient of funding for studentships and research grants.

The competing interest statements for each group were as follows. For both papers, when the type of competing interest was "none," the phrasing of the statement was "none declared."

For the herpes paper, when the type of competing interest was "financial," the statement read "The authors are employees of Tohen Research Laboratories, Tohen and Co, Inc, Connecticut, and potentially own stock and/or hold stock options in the company. When the type of competing interest was "grant," the statement read "KH is a recipient of funding for studentships and research grants from Tohen Laboratories Limited."

For the problem lists paper, when the type of competing interest was "financial," the statement read: "AT is an employee of Tohen Laboratories Limited, makers of medical management software and potentially owns stock or holds stock options within the company." When the type of competing interest was "grant," the statement read: "AT is a recipient of funding for studentships and research grants from Tohen Laboratories Limited, makers of medical management software."

Readers scored the studies in terms of interest, importance, relevance, validity, and believability on 5 point scales (for example, 1 = extremely uninteresting to 5 = extremely interesting). We estimated that 91 readers were needed in each group to achieve a power of 90% to detect a meaningful difference in scores between the groups of approximately 0.5 units (characterised by a variance of means of 0.047-for example, means of 3.3, 3.4, and 3.8), by using a one way analysis of variance with the conventional 5% significance level and assuming a common standard deviation of 1.0. We used an analysis of variance model to evaluate the impact of type of competing interest (none declared, financial, grants) on ratings of interest, importance, relevance, validity, and believability and to assess the influence of type of paper (herpes, problem

Full details of the results for each paper and the interaction P+ effects are on bmj.com

This article was posted on bmj.com on 23 February 2004: http://bmj.com/cgi/doi/10.1136/bmj.38035.705185.F6

Analysis of variance results: mean values (95% confidence intervals) and significance levels relating to competing interest

Com	netina	interest

Scored variable	None declared (n=174)	Financial statement (n=192)	Grants statement (n=156)	P value
Interest	3.21 (3.07 to 3.35)	3.06 (2.93 to 3.20)	3.26 (3.11 to 3.41)	0.12
Importance	3.29 (3.15 to 3.43)	3.03 (2.90 to 3.17)	3.16 (3.01 to 3.31)	0.035*
Relevance	3.44 (3.29 to 3.60)	3.13 (2.99 to 3.27)	3.35 (3.19 to 3.52)	0.009*
Validity	3.16 (3.01 to 3.30)	2.82 (2.69 to 2.96)	3.12 (2.96 to 3.27)	<0.001†
Believability	3.49 (3.33 to 3.64)	3.20 (3.05 to 3.34)	3.36 (3.20 to 3.52)	0.025*

^{*}Rating for "financial statement" significantly lower than that for "none declared."

lists) on this effect. To adjust for the possible confounding factors of age and sex of the reader we also included these in the statistical model. We included interaction terms to explore the inter-relations between the various factors.

We excluded 18 readers (unable to participate (8), incorrect address (9), lost (1)). Altogether 522/882 (59%) questionnaires were returned (230/440 (52%) herpes paper, 292/442 (66%) problem lists paper). Respondents were significantly older than nonrespondents (mean age 45.1 (SD 16.0) years v 40.3 (SD 14.0) years, t(865) = 4.83; P < 0.0001). Overall, importance, relevance, validity, and believability ratings were significantly lower in the "financial statement" group than in the "none declared" group (table). Validity ratings for the "financial statement" group were also significantly lower than for the "grants statement" group. We found significant differences in the ratings between papers for all five measures (P<0.001), with the problem lists paper scoring significantly higher (table A on bmj.com). We found a significant inter-relation between competing interest and paper for the two measures interest and believability (P = 0.012 and P = 0.007, respectively). For these measures the lower ratings for the "financial statement" group were more pronounced for the herpes paper. Ratings for all five measures increased significantly with age, and women reported significantly higher ratings than men.

Comment

Both the type of competing interest and the contents of a study influence readers' perceptions of the credibility of published research. Qualitative research might tell us how. Our study has several weaknesses. The response rate was low. Readers were from one journal and told they were taking part in a study, which may have influenced responses. Respondents were significantly older than non-respondents, but age was not found to be significantly related to differences between the competing interest groups (there were no significant age-competing interest interactions). Journal editors should pursue the policy of declaring authors' competing interests so readers can make informed judgments about the credibility of research.

We thank the authors of the original manuscripts for allowing us to use them and the readers for taking part in our study.

Contributors: SS, JM, SC, and RS designed the study. SC conducted the study with help from SS and HB. JM and SS performed the data analysis. All authors interpreted the results and wrote the manuscript. SS is guarantor.

Funding: BMJ Publishing Group's own research budget.

Competing interests: RS is the editor of the *BMJ* and responsible for devising its policy on competing interests. He is paid a fixed salary and will not be affected financially by the success or failure of the policy on competing interests. Because members of *BMJ* staff were involved in the conduct of this research and writing the paper, assessment and peer review were carried out entirely by external advisers. No member of *BMJ* staff has been involved in making the decision on the paper.

- Bekelman JE, Li Y, Gross CP. Scope and impact of financial conflicts of interest in biomedical research: a systematic review. JAMA 2003;289:454-67.
- Barnes DE, Bero LA. Why review articles on the health effects of passive smoking reach different conclusions *JAMA* 1998;279:1566-70.
 Chaudhry S, Schroter S, Smith R, Morris J. Does declaration of compet-
- 3 Chaudhry S, Schroter S, Smith R, Morris J. Does declaration of competing interests affect reader perceptions: a randomised trial? BMJ 2002;325:1391-2.
- 4 Lloyd BW, Barnett P. Use of problem lists in letters between hospital doctors and general practitioners. BMJ 1993;306:247.
- 5 Coplan PM. Clinical relevance of zoster associated pain (ZAP) [electronic response to Helgasson et al. Prevalence of postherpetic neuralgia after a first episode of herpes zoster: prospective study with long term follow up]. BMJ 2000; bmj.com/cgi/eletters/321/7264/794#13902 (accessed 14 May 2002).

doi 10.1136/bmj.38035.705185.F6

bmjlearning.com

Managing cerebral palsy in primary care

BMJ Learning offers online learning resources to help you with your appraisal and revalidation. These resources train and test your skills in a variety of clinical and non-clinical topics. We aim to publish new modules every month, and one of our latest is "Managing cerebral palsy in primary care."

Cerebral palsy covers a group of disorders of movement and posture caused by a defect or lesion of the immature brain. Although the defect is fixed, the outward manifestations may alter over time. Our new module looks at common misconceptions about the causes and diagnosis of cerebral palsy

and offers advice on managing patients and supporting their families in primary care.

Every practice can expect to have patients with cerebral palsy, but many doctors feel out of their depth when dealing with children with severe disabilities and want advice. To find out more about the diagnosis and management of cerebral palsy try our new learning module on bmjlearning.com.

Kieran Walsh editorial registrar, BMJ Learning (bmjlearning@bmjgroup.com)

[†]Rating for "financial statement" significantly lower than that for "none declared" and for "grants statement."