

# What is the effect of alternative summary statistics for communicating risk reduction on decisions about whether to take statins?

<b>Submission date</b> 09/03/2007	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 04/05/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 02/09/2009	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
N/A

# Study information

## Scientific Title

## Acronym

HIPPO 2 (Health Information Project, Presentation Online)

## Study objectives

In terms of congruence between decisions and values:

1. "Relative risk reduction" is inferior to the absolute summary statistics
2. "Absolute risk reduction" is superior to other absolute summary statistics, and
3. There is no congruence between decisions and values for "event rates"

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics approval received from the University at Buffalo (New York, USA), Health Sciences Institutional Review Board, approved on 15 May 2002.

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Other

## Participant information sheet

## Health condition(s) or problem(s) studied

Hypercholesterolaemia (hypothetical scenario)

## Interventions

Presentations of summary statistic showing evidence of statins' effectiveness in preventing coronary heart disease over ten years.

The participants viewed one of the following six presentations:

1. Relative risk reduction (RRR)
2. Absolute risk reduction (ARR)
3. Numbers needed to treat (NNT)
4. Event rates (ER)

5. Tablets needed to take (TNT)

6. Whole numbers (WN)

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome measure**

Hypothetical treatment decision to take or not to take statins.

### **Secondary outcome measures**

Understanding of and satisfaction with information, and preferred summary statistic.

### **Overall study start date**

01/06/2003

### **Completion date**

31/07/2005

## **Eligibility**

### **Key inclusion criteria**

1. At least 18 years of age
2. Fluent in English or Norwegian

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

4,800

### **Key exclusion criteria**

Previous participation in this trial

### **Date of first enrolment**

01/06/2003

### **Date of final enrolment**

31/07/2005

# Locations

## Countries of recruitment

Canada

Norway

United States of America

## Study participating centre

**PO box 7004**

Oslo

Norway

N-0130

# Sponsor information

## Organisation

Norwegian Knowledge Centre for the Health Services (Norway)

## Sponsor details

PO box 7004

St Olavs Plass

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N-0130

+47 (0)23 25 50 00

post@kunnskapssenteret.no

## Sponsor type

Other

## Website

<http://www.kunnskapssenteret.no/>

## ROR

<https://ror.org/01thff661>

# Funder(s)

## Funder type

Research council

**Funder Name**

Norwegian Research Council (Norway)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/11/2008		Yes	No
<a href="#">Results article</a>	results	01/08/2009		Yes	No