What is already known on this topic

The premenstrual syndrome affects about 1.5 million women in the United Kingdom

There are numerous treatment options, progesterone being one of the most strongly advocated

Progesterone and progestogens are among the most widely prescribed treatments for premenstrual syndrome in the United Kingdom and the United States

What this study adds

There is no evidence to support the claimed efficacy of progesterone in the management of premenstrual syndrome

There is insufficient evidence to make a definitive statement about progestogens, but current evidence suggests that they are not likely to be effective

meant that a comparative analysis of individual progestogens could not be undertaken.

While the role of endogenous progesterone and its metabolites in the aetiology of premenstrual syndrome remains unclear, it is evident from this meta-analysis that exogenous administration of either progestogens or progesterone does not improve symptoms. This is not surprising as there are reliable data to refute the theory that premenstrual syndrome is caused by a progesterone deficiency. With this review, there is now no convincing evidence to support the continued prescription of progesterone or progestogens for the management of premenstrual syndrome.

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Corrections and clarifications

Tobacco litigation worldwide

A reader queried the absence of a competing interests statement in this Education and Debate article by R A Daynard, C Bates, and N Francey (2000;320:111-3). Professor Daynard would like to declare that he has been involved as counsel in suing tobacco companies and has received grants for research into the use of litigation to control tobacco use.

Joint British recommendations on prevention of coronary heart disease in clinical practice: summary

The authors would like to clarify one point in these summary recommendations from the British Cardiac Society, the British Hyperlipidaemia Association, the British Hypertension Society, and the British Diabetic Association (2000;320:705-8). In the guidance on "Using the coronary risk prediction chart for primary prevention" the first sentence states that the charts are for estimating the risk of coronary heart disease and defines that as "non-fatal myocardial infarction and death from coronary heart disease." In fact the end points should have been described as "non-fatal myocardial infarction, coronary death, and new angina pectoris." The *British National Formulary* will include the correct definitions of the end points from March 2002. The recommendations of the joint British Societies and of the NHS Framework are unaffected, and the end point for coronary heart disease including new angina pectoris is the same as for all Framingham based methods of coronary risk prediction.