

Comparison-adjusted funnel plots.

The red line represents the null hypothesis that the respective comparison-specific pooled effect estimates do not differ from the study-specific effect sizes. Estimates below null suggest that the benefit of the newer regimen is more obvious in the study than the pooled estimate. Observations from small studies missing on the right side of the red line suggest that small studies tend to exaggerate the effectiveness or safety of newer (experimental) regimens. We ordered the regimens from older to newer as follows (older vs. newer): placebo vs. regimens, dipyridamole vs. aspirin, aspirin vs. aspirin plus dipyridamole, aspirin vs. ticlopidine, aspirin (283–330 mg) daily vs. aspirin (30–50 mg) daily, aspirin (500–1500 mg) daily vs. aspirin (283–330 mg) daily, aspirin vs. clopidogrel, aspirin vs. triflusal, aspirin vs. cilostazol, ticlopidine vs. aspirin plus ticlopidine, clopidogrel vs. aspirin plus clopidogrel, aspirin plus dipyridamole vs. aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus dipyridamole, spirin plus clopidogrel, aspirin plus clopidogrel vs. aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus clopidogrel, aspirin plus clopidogrel vs. aspirin plus clopidogrel, aspirin plus clopidogrel vs. aspirin plus clopidogrel, aspirin plus clopidogrel vs. clopidogrel, aspirin plus clopid