

DESCRIPTIVE AND ANALYTICAL CODING SCHEME

General descriptors

- unique article reference number
- date
- publication/outlet
- type of article
 - o news report
 - o report of published/planned study
 - o personal interest story
 - o comment
 - o dear doctor column/Q&A
 - o other (specify)
- headline (write in full)
- sub-headline (write in full)
- reference to statins
 - o main subject
 - o secondary subject (eg. in article on heart disease or lifestyle measures)
 - o passing comment
- pictures/images – brief description eg. older woman in hospital bed wearing gown & taking blue tablets from a cup; red tablets scattered on a blue background
- author

- name
- title (eg. Chief health correspondent; doctor; 'celebrity' columnist)
- contributors/sources quoted
 - name
 - organisation/designation (eg. British Heart Foundation; King's College London; NICE; BMJ editor; lay commentator)
 - medical 'experts'
 - study authors
 - lay/public individuals or bodies
 - charities/support groups
- treatment of statins overall
 - positive
 - negative
 - neutral
 - not categorisable
- examples of positive/negative language
 - mention of harms, risks, side-effects
 - mention of benefits, positive collateral impact
 - eg. 'few argue over effectiveness of statins for secondary prevention'; 'statins help reduce signs of dementia by almost a third'
 - 'significant risk of side-effects'; 'never prescribe a statin for a loved one'
- apparent purpose of the article
 - eg. reporting publication of new guidance
 - responding to publication of a new study

- reporting patient experience
- responding to reader letter
- reporting prominent medical debate in the BMJ/Lancet

Constructed themes and suggested indicators

Theme	Example constructs
Medicalisation	Medicalising the healthy population Over-medication Over-treatment Giving tablets instead of modifying lifestyles
Lifestyle	Advocacy of lifestyle changes Diet Exercise Smoking Fats & cholesterol
Responsibility	Taking tablets mean people don't think they need to change their habits GPs should be addressing lifestyle factors
Side-effects of treatment	Muscular pain, weakness, myalgia, arthralgia, sleeping, not sleeping, diabetes, etc. Adverse effects Side-effects Negative impacts of statins
Collateral benefits	Statins improving other conditions eg multiple sclerosis

Evidence/effectiveness of treatment	<p>Statins are in/effective</p> <p>Statins work by</p> <p>The evidence shows</p> <p>Statins halve the incidence of</p> <p>Studies show statin efficacy</p> <p>Effectiveness in primary prevention</p> <p>Effectiveness in secondary prevention</p>
Confounding factors	<p>It is not the statin, it is...</p> <p>Reducing smoking, not statins, has had an effect...</p>
Scientific explanation	<p>Statins operate by tackling reducing the enzymes that encourage production of LD cholesterol...</p> <p>Anti-inflammatory properties of statins...</p> <p>Side-effects are caused by the over-production of...</p>
(Dis)trust	<p>Doctors are paid by the number of people they identify/number of prescriptions...</p> <p>Studies are pharmaceutically sponsored...</p> <p>Government is motivated by...</p> <p>NICE has a duty to provide objective guidance...</p>
Costs, value	<p>Statins only cost 12p per day</p> <p>Prescriptions are increasing as statins come off patent</p> <p>The costs of surgery vs. drugs</p>
Personal experience	<p>My doctor recommended...</p> <p>I suffered side-effects from...</p> <p>I was on statins for 5 years...</p> <p>We and our patients know that...</p>

	As a doctor...
	As a patient...
Patient/user	Patients should have a choice
choice/autonomy	Patients should check with their doctor
	Statins are not mandatory
	No-one is forced to take a statin
	Patients need to weigh up the pros and cons
Information for decision-	Information for patients
making	Patients need to make informed decisions
	Patients are confused by the messages they receive
	It is important to give clear information
Age, gender	More men than women/vice versa
	Everyone over 50/65/75/85
	Evidence is lower for those over 75
Pharmaceutical companies	Pharma
	Sponsorship of trials
	Sponsorship of individuals
	Influence on individuals, institutions, national bodies, politics
Reader response	Where quoted – letters, emails, follow up trails
Trends	Over the last ten years...
International comparisons	The UK is the statins capital of Europe...
	UK vs. US/Europe/Australasia