

Nielsen GL et al: Risk of adverse birth outcome and miscarriage in pregnant users of non-steroidal anti-inflammatory drugs: population based observational study and case-control study. *BMJ*, 2001, 322, 266-270

Type of study	Population-based retrospective cohort
Where	Denmark
When	1991-1998
Characteristics of the cohort	Pregnant women who had taken up prescriptions for studied drugs in the period from 30 days before conception* to birth and who had a livebirth or a stillbirth after the 28 th week of gestation
Ascertainment of drug exposure	Prospective : prescription registry
Exposure definition	Pregnant women were divided into two groups according to the stage of gestation at which they took up prescriptions: the early pregnancy (30 days before conception-first trimester) the later pregnancy (second or third trimester)
Size of the studied cohort	Exposed women: 1,462 Unexposed reference group women: 17,259
Exposed cohort	Newborns exposed to a group of drugs
Control cohort	Newborns of pregnant women who were not prescribed any kind of reimbursed medicine in the study period.
Malformations ascertainment	Regional and national Danish hospital discharge registries
Malformations definition	All cases of congenital abnormality (diagnoses of congenital dislocation of the hip and undescended testis were excluded because of their low validity).
Prevalence of malformations among control offspring	3.3% (potential misclassification in the registration of congenital abnormalities)
Analysis	Crude and adjusted OR and 95%CI (logistic regression to control for potential confounders: maternal age, birth order, smoking status)
Strengths	<ul style="list-style-type: none"> - Validation of studied drugs use (by verifying prescriptions in general practitioners and hospital records of a randomly selected subset of 46 pregnant women) - Quality of data: the full and independent registration of prescriptions and birth outcome prevented selection bias and some types of information bias - Assessment of a dose-response relation (one prescription of studied drugs vs more than one prescription)
Weaknesses	<ul style="list-style-type: none"> - No specific information on compliance - The studied drugs may be purchased over the counter (possibility of the risk estimate bias) - Incomplete information on reproductive end points (in e: stillbirths) - Some birth defects may not be included because they appear later after birth
Main results	Use of non-steroidal anti-inflammatory drugs during pregnancy does not seem to increase the risk of congenital anomalies (OR 1.27, 95%CI 0.9-1.7). A dose-response relation was not evident

Considerando l'emivita degli antiinfiammatori, non può introdurre errori di sottostima del rischio includere anche un mese prima del concepimento? Si non solo di sottostima (potrei sapere quali altri possono essere o dove andarmeli a leggere? In Italian please)
non capisco perché usano una così ampio periodo di esposizione any argument or justification nel testo ???? NO

Type of study	Case-control* questo posso considerarlo un nested?
Where	Denmark
When	1991-1998
Cases	4,268 women who had miscarriages
Case prevalence in the population	Not available
Controls	29,750 primiparous women who had live births
Exposure definition	A prescription for studied drugs in the 12 weeks before the date of discharge from hospital after the miscarriage. The first trimester was used as the exposure period in the control group
Ascertainment of drug exposure	Prescription registry (Danish birth registry) and hospital discharge registry
Prevalence of exposure among controls	1.06% (318: 29750)***** Not available come è possibile danno solo OR senza dare numeri ???? Di questo articolo mi avete dato una copia cartacea a cui mancava una pagina, me lo sono scaricato ma le tabelle non erano scaricabili, solo consultabili (almeno io non ci sono riuscita)
Analysis	Adjusted OR and 95% CI (logistic regression to control for potential confounders: maternal age only maternal age ????) così è scritto
Strengths*	- Based on routinely recorded data, independent of diagnosis (reduced risk of recall bias)
Weaknesses	- No information about the gestational age at time of miscarriage - Possibility of confounding by indication - Not able to adjust for smoking status
Main results	Use of non-steroidal anti-inflammatory drugs during pregnancy is associated with an increased risk of miscarriage (ORs ranged from 6.99 (95%CI 2.7-17.7) when prescriptions were taken up during the last week before the miscarriage to 2.69 (95%CI 1.8-4.0) when taken up between 7 and 9 weeks before)

* nella parte caso-controllo: strengths and weaknesses ho indicato solo gli ulteriori, rispetto alla prima parte coorte

*****Naturalmente avevi ragione: sono andata a riguardarmi la tabella, che è solo consultabile e ho trovato i numeri (c'è stato un motivo per cui non li ho messi, ma non me lo ricordo più: o non ho capito la tabella, o ho visto che il controllo era limitato come valutazione delle prescrizioni al primo trimestre, ma quello va bene, o non ero sicura della corrispondenza donna-prescrizione, boh!)

Ti trascrivo la tabella perché voglio essere sicura di aver indicato la percentuale corretta, cioè io ho messo la cumulativa:

Table 3 Prescription:

Time from taking up prescriptions for NSAIDs to date of discharge after miscarriage:

	Miscarriage 4268	Livebirths 29750	AOR
1-12 weeks	63(1.5%)	318(1.06%)	1
1 weeks	3	9	6.99
2-3 weeks	5	15	3.00
4-6 weeks	14	41	4.38
7-9 weeks	19	92	2.69
10-12 weeks	22	161	1.26
NSAIDs not prescribed during pregnancy	4205	29,432	

io quindi ho indicato la prevalenza di esposizione nei controlli [per tutto il primo trimestre](#) ma non sono sicura che vada bene