Example of a Plain Language Summary of a Cochrane review

The effect of Vitamin C on the common cold

Douglas RM, Hemilä H, Chalker E, Treacy B. Vitamin C for preventing and treating the common cold. *Cochrane Database of Systematic Reviews* Date: Issue 3, 2007

Plain Language Summary of a Cochrane Review

A review of the research of the effect of vitamin C on the common cold was conducted by researchers in the Cochrane Collaboration. After searching for all relevant studies, they found 30 studies. Their findings are summarised below.

What is the common cold and why take Vitamin C?

Symptoms of the common cold are well-known and can include runny nose, sore throat, fever and headache. Most adults, who are at *normal risk*, will have two to three colds a year that last about 3 to 4 days. People who are at *high risk*, for example, adults doing intense physical activity or working outside in sub-arctic conditions, have more than 3 colds a year that last about 6 days.

The common cold is caused by a virus and cannot be cured by antibiotics. Since it cannot be cured, much research has been done to find ways to prevent colds or reduce symptoms. The effect of taking more vitamin C than in a normal diet has been researched for over 60 years. Most countries recommend about 40 to 90 mg of vitamin C a day. The 30 studies in this review tested vitamin C supplements (usually pills) at 1000 to 2000 mg (1 to 2 grams) a day.

What the research says

There are two types of findings from the studies: the end results and the quality of those end results. To determine quality, they consider many factors, such as how well a study was done, who funded it, and how many people were in it. The higher the quality of the evidence, the more certain we can be about the end results and what will happen. Below we describe what will happen when taking vitamin C. When the effect is more certain (or from high quality evidence), the word *will* is used. When it's moderate quality, *probably*, is used, and *may* is used for low quality. When there is very low quality evidence or no evidence, the effect *is not known*. The word *slightly* means that there is a small effect.

Taking 1 to 2 grams of vitamin C per day for about 12 weeks regularly to prevent a cold

In people at normal risk, vitamin C

will not decrease the chance of catching a cold
will decrease how long a cold lasts by a few hours
will not lead to side effects

In people at high risk, vitamin C

may decrease the chance of catching a cold
probably decreases how long the cold lasts by a few hours
will not lead to side effects

Taking 1 to 2 grams of vitamin C per day as soon as a cold starts

probably will not decrease how long the cold lasts

The effect on children and the effect of mega-doses of Vitamin C (4 to 8 grams per day), are not known.

What happens to people who take vitamin C

This table provides more detail about what happens to people who take vitamin C. These numbers are based on the results of the research, when available. The quality of the evidence is either ranked as high, moderate, low or very low. The higher the quality, the more certain we are about what will happen.

What happens	Not taking Vitamin C	Taking Vitamin C (1 to 2 g per day)	Quality of evidence
Probably will not decrease how long the cold lasts if vitamin C taken as soon as the cold starts	The cold lasts **84 hours or 3 ½ days**	The cold lasts **2 fewer hours** (9 fewer to 4 more hours) *	⊕⊕⊕○ Moderate
Will decrease how long the cold lasts if vitamin C taken before the cold	People at normal risk: The cold lasts **84 hours or 3 ½ days**	The cold lasts **7 fewer hours** (3 to 11 fewer hours)	⊕⊕⊕⊕ High
Probably decreases how long the cold lasts if vitamin C taken before the cold	People at high risk: The cold lasts **134 hours or 6 days**	The cold lasts **19 fewer hours** (8 to 30 fewer hours)	⊕⊕⊕○ Moderate
Will not decrease the chance of catching a cold	People at normal risk: **50 per 100 people**	**49 per 100 people** (48 to 50 per 100)	⊕⊕⊕⊕ High
May decrease the chance of catching a cold	People at high risk: **70 per 100 people**	**35 per 100 people** (27 to 46 per 100)	⊕⊕○○ Low
Will not lead to more side effects	**6 per 100 people**	**6 per 100 people**	⊕⊕⊕⊕ High

Quality of evidence: The quality of the evidence is either ranked as high, moderate, low or very low. The higher the quality, the more certain we are about what will happen.
*The numbers in brackets show the range where the actual effect may be.