

Letters to the Editor

The Protective Effect of Vitamins A and C on Endotoxin-Induced Oxidative Renal Tissue Damage in Rats

To the Editor

Kanter et al. (2005) reported a highly interesting series of experiments in which they examined the effect of intraperitoneal injection of vitamins (Vit) A and C against rat endotoxemia. The statistical analysis of their results is, however, inappropriate.

Kanter had a 2×2 factorial design with four groups: 0) control, 1) Vit A, 2) Vit C, and 3) both Vit A and Vit C, but they do not analyze the results as would be appropriate for a 2×2 design (McAlister et al. 2003). If there is no interaction between Vits A and C, the estimation of Vit A effect should be based on the comparison between groups 1 + 3 (Vit A groups combined) and 0 + 2 (no-Vit A groups combined), and similarly with Vit C. If there is interaction between the treatments, the estimation of Vit A effect should be based on the comparison between groups 1 and 0, and the Vit C effect on the comparison between groups 2 and 0 (McAlister et al. 2003). Also, Kanter focuses on “*p*” values, even though the use of the “*p*” value as the only way to evaluate a potential treatment effect has been strongly discouraged and the use of confidence intervals (CI) has been proposed by several authors (e.g., Gardner and Altman 1986; Braitman 1991).

In their Materials and Methods section Kanter states that “The data were expressed as mean \pm s.d.” (p. 157). In their Table 4, Kanter et al. report that at the end of the endotoxin experiment the “Mean diameter of glomeruli (μm)” was 43.84 ± 1.23 in untreated, 48.13 ± 1.26 in Vit A treated, and 70.13 ± 2.15 in Vit C treated rats ($n = 10$ for each group).

From the data in Kanter’s Table 4, we can calculate the *t*-test for the difference between the Vit A and C groups and the endotoxin treated control group (for simplicity we calculate as if interaction was established). For the Vit A and control

group we find difference of $4.29 \mu\text{m}$ (s.e. 0.557), which corresponds to t (18 df) = 7.70 and p (2-tail) = 0.0000004. For the Vit C and control group we find difference $26.29 \mu\text{m}$ (s.e. 0.783), which corresponds to t (18 df) = 33.5 and $p = 10 \exp(-17)$.

From Kanter’s Table 4 we can also calculate that, compared with the endotoxin treated control group, Vit A increased the mean diameter of glomeruli by 10% (95% CI: 7% to 13%) and Vit C by 60% (95% CI: 56% to 64%), thus both of these estimates are exceptionally accurate. Also, we can calculate that the Vit A + C combination (Table 4: $77.94 \pm 3.46 \mu\text{m}$) increased the mean diameter by 78% (95% CI: 72% to 83%).

Finally, in the control group not treated with endotoxin the mean diameter of glomeruli was $85.82 \mu\text{m} \pm 3.44$. Thus without either Vit endotoxin treatment decreased the size of glomeruli by 49% (95% CI: 46% to 52%), but when both Vit were administered the decrease was only 9% (95% CI: 5% to 13%).

In their Results section, Kanter et al. state that “Although Vit C treatments (alone or in combination with Vit A) significantly ($p < 0.05$) increased the diameter of glomeruli in endotoxemic rats, but Vit A treatment did not increase the diameter of glomeruli ($p > 0.05$).” (pp. 158-159). This is misleading when compared with the statistical analyses described above. In the Methods section, Kanter states that they used a nonparametric test, and a small discrepancy in *p* values would be expected by the different statistical tests (*t*-test used above), however, the divergence is enormous and the *t*-test is well known to be robust so that it gives quite reliable *p* values also when the distributions substantially differ from the normal distribution.

Thus Kanter’s evidence for the benefit of Vits A and C against rat endotoxemia is substantially stronger than they state in their paper.

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