

# Most exaggeration in health news is already present in academic press releases

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Most exaggeration in health related science news is already present in academic press releases, finds a study published in *The BMJ* this week.

The researchers suggest that improving the accuracy of academic press releases "could represent a key opportunity for reducing misleading health related news."

Health related news has widespread potential to influence health related behaviour but often misreports the science. It is not known whether exaggerations - claims going beyond those made in the research paper - originate in the [news stories](#) themselves or in press releases issued by academic institutions producing the research.

So a team, led by Professors Petroc Sumner and Chris Chambers at Cardiff University, set out to identify the source (press releases or news) of distortions, exaggerations, or changes to the main conclusions drawn from research that could potentially influence a reader's health related behaviour.

They analysed 462 press releases on biomedical and health related science issued by 20 leading UK universities in 2011, alongside their associated peer reviewed research papers and 668 national news stories.

They focused on three common types of exaggeration: giving direct advice to readers to change their behaviour, making causal claims from correlational (observational) data, and making inference about humans

from animal findings.

They found that 40% of press releases contained exaggerated advice, 33% contained exaggerated causal claims, and 36% contained exaggerated inference to humans from animal research, compared with the corresponding peer reviewed journal articles.

And when press releases contained exaggeration it was more likely that the news would too (58% for advice, 81% for causal claims, and 86% for inference to humans). But when press releases did not contain exaggeration, rates of exaggeration in news were only 17%, 18%, and 10%, respectively. However, there was little evidence that exaggeration in press releases increased the uptake of news.

The authors point out that this is an observational study so no definitive conclusions can be drawn about cause and effect.

Although it is common to blame media outlets and their journalists for news perceived as exaggerated, sensationalised, or alarmist, "our principle findings were that most of the inflation detected in our study did not occur de novo in the media but was already present in the text of the press releases produced by academics and their establishments," they write.

The blame - if it can be meaningfully apportioned - they say, "lies mainly with the increasing culture of university competition and self promotion, interacting with the increasing pressures on journalists to do more with less time."

The scientific community has the ability to improve this situation, they conclude. Press releases could be a primary target to improve the accuracy of science [news](#), with potential benefit for public health.

In an accompanying editorial, Ben Goldacre, Research Fellow at the London School of Hygiene and Tropical Medicine and author of the book *Bad Science*, argues that academics should be made accountable for exaggerations in press releases about their own work.

Academic press releases should be treated as a part of the scientific publication, he says. They should include named individuals from the original research paper; they should be linked to the paper they are promoting; and presented as online data appendices, in full view of peers. There should also be opportunity for feedback in the publishing journal.

"Collectively this would produce an information trail, and accountability among peers and the public," he writes. And he speculates whether a public ranking of press releases "might change academic behaviour, and create an environment where researchers finally act to prevent patients and the public being routinely misled."

**More information:** Study: [www.bmj.com/cgi/doi/10.1136/bmj.g7015](http://www.bmj.com/cgi/doi/10.1136/bmj.g7015)  
Editorial: [www.bmj.com/cgi/doi/10.1136/bmj.g7465](http://www.bmj.com/cgi/doi/10.1136/bmj.g7465)

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