Many doctors, including GPs, believe oral cimetidine is effective for common warts. But others are not so sure.

**CLINICAL SCENARIO**

In an online GP discussion board, cimetidine, a H2-receptor antagonist, is frequently suggested as a treatment for warts. Interestingly, this is met with both strong recommendations (anecdotes of personal experience and reports of approval from specialist colleagues), and scepticism (we know that most common warts will resolve in time and so there is a high “placebo” response). So, what does the evidence say?

**CLINICAL QUESTION**

What is the effectiveness of oral cimetidine as treatment of common warts?

**What does the research evidence say?**

**Step 1: The Cochrane Library**

No Cochrane systematic review exists for the question. However, its search engine very helpfully listed 18 matches to the search term “cimetidine warts” from the Cochrane Central Register of Controlled Trials.

**Step 2: Trip database**

I conducted a search using the TripData-Central Register of Controlled Trials. I decided to examine in detail Yilmaz et al.’s 1996 placebo-controlled double-blind study published in the Journal of the American Academy of Dermatology.

My final analysis also considered data from Rogers et al.’s 1999 randomised trial in adults, and Ardabili and Majid’s 2014 paper, which was a randomised trial comparing cimetidine with placebo in addition to cryotherapy.

**PICO**

Participants: who was studied?

All patients accounted for? Yes.

Groups treated equally apart from assigned treatment? Yes.

Randomised patient assignment? Yes.

**CRITICAL APPRAISAL**

I used the randomised controlled trial appraisal sheet from the Centre for Evidence Based Medicine.

**STAT FACTS: 95% CONFIDENCE INTERVALS**

In rough conceptual terms, the 95% confidence interval is the range of values that are still mathematically consistent with the estimate of effect found. In other words, it tells us something about the degree of imprecision of the result. Confidence intervals are sometimes not reported for proportions, and this can be misleading, especially for small sample sizes where the imprecision can be large.

For instance, imagine if this study demonstrated that the cimetidine group had a 40% response rate. Naively, this might seem a large proportionate difference, but it is well within the uncertainty of the estimate.

**DISCUSSION AND CONCLUSION**

On its own, Yilmaz et al’s small study cannot be considered as providing strong evidence (for or against) the efficacy of cimetidine on warts. That being noted, evidence is that it does not support the use of cimetidine for plantar warts that do exist.

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