This is a repository copy of Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE (pressure relieving support surfaces) trial.

White Rose Research Online URL for this paper:
http://eprints.whiterose.ac.uk/1750/

Article:
Nixon, J, Cranny, G, Iglesias, C orcid.org/0000-0002-3426-0930 et al. (6 more authors) (2006) Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE (pressure relieving support surfaces) trial. British Medical Journal. pp. 1413-1415. ISSN 0959-8146

https://doi.org/10.1136/bmj.38849.478299.7C

Reuse
Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.
Correction for Nixon et al

BMJ 2006;333:339-
doi:10.1136/bmj.333.7563.339-a

Updated information and services can be found at:
http://bmj.com/cgi/content/full/333/7563/339-a

These include:

Rapid responses
You can respond to this article at:
http://bmj.com/cgi/eletter-submit/333/7563/339-a

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Notes

To order reprints of this article go to:
http://www.bmjjournals.com/cgi/reprintform

To subscribe to BMJ go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
sites in 16 countries, the initial merger of existing data-bases has yielded a primary group of 2200 well charac-
terised patients with definite infective endocarditis by
the Duke criteria, allowing the assessment of regional
differences in presentation and outcome. Indeed,
modifications to the Duke criteria for the diagnosis of infective endocar-
ritis: lessons from the International Collaboration on Endo-

Liakos P, Que YA. Infective endocarditis–a prospective study at the end of
the twentieth century: new predisposing conditions, new etiologic agents,


Infective endocarditis in patients with negative blood cultures: analysis of
88 cases from a one-year nationwide survey in France. Clin Infect Dis

Greaves K, Mou D, Patel A, Celermajer DS. Clinical criteria and the
appropriate use of transesophageal echocardiography for the exclusion of

Durack DT, Lukes AS, Bright DK. New criteria for diagnosis of infective endocarditis:
utilization of specific echocardiographic findings. Am J Med

modifications to the Duke criteria for the diagnosis of infective endocar-

Elliott TS, Foweraker J, Gould FR, Perry JD, Sandoe JA. Guidelines for the
antibiotic treatment of endocarditis in adults: report of the working party of
the British Society for Antimicrobial Chemotherapy. J Antimicrob

Olaison L, Petersson G. Current best practices and guidelines indications
for surgical intervention in infective endocarditis. Infect Dis Clin North Am

Tornos P, Iung B, Permanyer-Miralda G, Baron G, Delahaye F,
Goldke-Backolf C, et al. Infective endocarditis in Europe: lessons from the

Ramsdale DR, Turner-Stokes L. Prophylaxis and treatment of infective

Guidelines for the prevention of endocarditis: report of the working party of
the British Society for Antimicrobial Chemotherapy. J Antimicrob
Chemother 2006;57:1035-42.

Cabebl CH, Abruny E. Progress toward a global understanding of infec-
tive endocarditis: lessons from the International Collaboration on Endo-
(Accepted 30 June 2006)

The future
Several exciting developments offer the prospect of improved prevention and treatment of infective endocar-
ditis. Vaccines targeted at specific bacterial adhesins may inhibit valve colonisation, and newer antibacterial
agents with novel effects may attenuate the invasive properties of virulent organisms such as Staph aureus.1
Finally, modified biomaterials in development may reduce the risk of infective endocarditis in patients with
artificial heart valves or other intracardiac prosthetic material. However, despite these advances, the diagnos-
sis and management of infective endocarditis remain a considerable challenge across the range of medical
disciplines.

Corrections and clarifications
Pressure relieving support surfaces (PRESSURE) trial: cost effectiveness analysis
This research article by Cynthia Iglesias and colleagues (BMJ 2006;332:1416-8, 17 Jun) should have included the trial registration identifier
Current Controlled Trials ISRCTN78416179.
Correction for Nixon et al
In the correction (BMJ 2006;333:30, 1 Jul) to the article “Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE, (pressure relieving support surfaces) trial” we incorrectly referred to haemoglobin levels rather than odds ratios. We should have said: “In table 4 of the full version on bmj.com (table 2 of the abridged version), the odds ratio for haemoglobin levels on admission or preoperatively should be 0.89 (0.82 to 0.97), and the corresponding P value should be 0.01.”

1 Prudergast RD. The changing face of infective endocarditis. Heart
2006;92:279-85.