Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE (pressure relieving support surfaces) trial

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Multidisciplinary rehabilitation is needed for the patient to return home

Ways to reduce the risk of further fracture should be considered

reports of hip protectors, which absorb or spread the energy of a fall, were promising, but recent studies have questioned their effectiveness.\(^{20}\)\(^\text{21}\)

Conclusions

Hip fracture is the most common disabling injury and cause of accidental death in older people. The incidence and the public health and economic consequences of this injury have risen as the population has aged, and this is expected to continue for the foreseeable future.

The prevention and management of hip fractures involves a wide range of disciplines, and most people who sustain the injury require surgery followed by a period of rehabilitation. The complexity of care needed for hip fractures makes the condition a real test and a useful marker of the integration and effectiveness of modern health care.

Competing interests: None declared by MP. AJ received reimbursement of conference expenses and fees for non-promotional lecturing from the manufacturers of various bisphosphonates.

Correction and clarifications

Minerva

Minerva apologises for nearly launching a health scare. As many readers have pointed out, she slipped up somewhere in her assertion that long term use of antiepileptic drugs is associated with an increased risk of cancers, particularly in women (\textit{BMJ} 2005;332:385-8, May). The source article (\textit{Neurology} 2004;61:1318-24) quite clearly refers to a risk of fractures, not cancer.

Selective serotonin reuptake inhibitors (SSRIs) and suicide in adults: meta-analysis of drug company data from placebo controlled, randomised controlled trials submitted to the MHRA's safety review

The authors of this article published last year, David Gunnell and colleagues, have alerted us to an error in the abridged version of their paper in the \textit{BMJ} (2005;332:385-8). In the table, the correct estimate for the pooled odds ratio for self harm from placebo controlled, randomised controlled trials is 1.57 (credible interval 0.99 to 2.55)\(^\text{20}\)---not 1.51 (0.95 to 2.49). This matches the values given in the abstract and in the results section of the paper.

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An editorial misunderstanding during the proof stage led us to inflate some values in this paper by 100. The authors of this article published last year, Jane Nixon and colleagues (\textit{BMJ} 2006;332:1413-5, 17 Jun). In table 4 of the full version on bmj.com, the corresponding P value should be 0.01 [not 0.1].