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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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Summary points

- Hip fracture is the most common cause of acute orthopaedic admission in older people
- Treatment is generally surgical to replace or repair the broken bone
- Mortality is 5-10% after one month and about 30% after one year
- Some loss of function is to be expected in most patients
- 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 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 oral bisphosphonates.

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Corrections and clarifications

Minerva

Minerva apologises for nearly launching a health scare. As many readers have pointed out, she slipped up somehow in her assertion that long term use of antiepileptic drugs is associated with an increased risk of cancers, particularly in women (*BMJ* 2006;332:1282, 27 May). The source article (*Neurology* 2006;66:1318-24) 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 (*BMJ* 2005;330:385-8). In the table, the correct estimate for the pooled odds ratio for self harm from the bayesian random effects meta-analysis for non-fatal self harm in relation to use of selective serotonin reuptake inhibitors (excluding paroxetine) is "1.57 (credible interval 0.99 to 2.55)"—not 1.51 (0.95 to 2.49). This matches the values given in the abstract and in the results section of the paper.

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

An editorial misunderstanding during the proof stage led us to inflate some values in this paper by Jane Nixon and colleagues (*BMJ* 2006;332:1413-5, 17 Jun). In table 4 of the full version on bmj.com (table 2 of the abridged version), the haemoglobin levels on admission or preoperatively should be 0.89 (0.82 to 0.97) [not 8.9, 8.2 to 9.7], and the corresponding P value should be 0.01 [not 0.1].