

What is already known on this topic

Clinical specialist nurse outreach to primary care has not been shown to improve patient outcomes

Education of hospital attenders with acute asthma by asthma specialist nurses has inconsistent effects on unscheduled care

People with asthma from ethnic minority groups experience high levels of morbidity

What this study adds

When asthma specialist nurses educated patients and liaised with primary care clinicians, unscheduled care in a deprived multiethnic area was reduced

Ethnic groups may not benefit equally from specialist nurse intervention

Ethnicity

Our study was not powered to detect differences in effect of the intervention between ethnic groups, but our exploratory findings are compatible with potentially important differences in outcome between ethnic groups. This is consistent with other work suggesting that minority ethnic groups derive less benefit than majority groups from asthma education.⁷ No randomised studies of interventions specifically addressing ethnic minority groups have reduced unscheduled asthma care.^{7 21} These observations are important because interventions that have a differential benefit between majority and minority ethnic groups potentially widen inequalities in health.

We thank the National Asthma Campaign for funding; the participants; Mark Levy for advice on study design; Yvonne Carter, Allen Hutchinson, Keith Meadows, Jeanette Naish, Peter Stables, Ayesha Khanem, Enid Hennessey, Pat Sturdy, Sarah Cotter, Monica Fletcher, and members of the department of general practice for comments and help.

Contributors: See bmj.com

Funding: National Asthma Campaign.

Competing interests: None declared.

Ethical approval: The study was approved by the local research ethics committee.

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(Accepted 11 November 2003)

doi 10.1136/bmj.37950.784444.EE

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Childhood asthma

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Corrections and clarifications

Experts predict big rise in dengue fever in South East Asia

An out of date URL slipped into the last sentence of this news article by Jane Parry (News Extra, bmj.com, 13 December 2003—www.tropnet.net is the correct URL for TropNetEurop (the European Network on Imported Infectious Disease Surveillance)).

Indirect comparison meta-analysis of aspirin therapy after coronary surgery

A few errors crept into both versions of this paper by Eric Lim and colleagues (*BMJ* 2003;327:1309-11). In the full version of the article (on bmj.com) the printed equations in the statistical methods section should be on separate lines as follows:

$$\log RR_{ML} = \log RR_{MP} - \log RR_{LP}$$

$$\text{var}(\log RR_{ML}) = \text{var}(\log RR_{MP}) + \text{var}(\log RR_{LP})$$

In the abridged version, the table still contains the errors that were corrected at proof stage in the full version (where it is table 2): the numbers of patients with events and the event rates for Lorenz (both regimens) and Sanz (aspirin regimen) and the relative risk (95% confidence interval) for Hockings should therefore read as in the full version (on bmj.com). Finally, an extraneous "2" slipped into Eric Lim's email address; eric.lim@cvsnat.org is his correct address.