Useful websites

Lab Tests Online (UK) (www.labtestsonline.org)—a comprehensive guide to laboratory tests and their use for patients

Cochrane Library (www.nelh.nhs.uk/cochrane.asp)—information and systematic reviews on evidence based medicine. The Cochrane collaboration is beginning reviews on laboratory diagnostic testing

Journal of Clinical Pathology (www.jclinpath.com)—subscription website containing electronic access to the *Journal of Clinical Pathology*, with full content of the questions and answers examined in this article

Clinical evidence (www.clinicalevidence.com)—summaries of current evidence based management guidelines

PRODIGY (www.prodigy.nhs.uk)—clinical decision making guidelines principally for general practitioners

in general practice populations[11] but more common in hospital clinics. The tests recommended for patients whose lipids are within the population reference range are justified in patients who are being assessed for lipid lowering treatment on the basis of having additional coronary risk factors and risk factors. Both of these recommendations have a strong evidence base.

The use of (at least) two tests before treatment with a cholesterol lowering drug is started is justified physiologically by the intra-individual variability of cholesterol measurements.[7 12 13] The monitoring intervals are arbitrary and are based on the assumption that treatment should be titrated to a target.

The evidence for monitoring cholesterol concentrations and alanine aminotransferase activity is weak. The incidence of true drug induced hepatotoxicity in patients taking lipid lowering drugs is unknown, and few cases have occurred in large scale randomised trials.[14] Post-marketing surveillance data indicate that one case of liver failure occurs in a million person years of use,[14] but this assumes accurate disease reporting and correct attribution of a causal relation with drug treatment.

The incidence of raised transaminases (>3 times upper limit of normal) was greater in the placebo arms of the randomised clinical trials than in the treatment arms, and further examination of reported cases is needed to identify the true incidence of hepatotoxicity and the merits of alanine aminotransferase monitoring. Similarly, it is not possible to conclude whether the thresholds of three times upper limit of normal (alanine aminotransferase) or five times upper limit of normal (creatine kinase) constitute adequate evidence based thresholds for discontinuing lipid lowering treatment and whether stopping lipid lowering treatment in some of these patients may cause more harm than good.

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Corrections and clarifications

Achieving the millennium development goals for health: Cost effectiveness analysis of strategies to combat malaria in developing countries

The authors of this paper, by Chantal M Morel and colleagues (*BMJ* 2005;331:1299-302), have advised us that they made an error in the cost calculations for malaria treatment, resulting in an underestimate of the costs of treatment interventions. A corrected version of table 6 in the full version of this paper (the table in the print version) is now posted on bmj.com (http://bmj.bmjjournals.com/cgi/content/full/bmj.38639.702384.AE/DC2) giving the costs, effectiveness, and cost effectiveness of the health maximising set of interventions.

All interventions studied remain highly cost effective in both African regions. The principal change is that in the Afr-D region insecticide treated bed nets are now the most cost effective intervention overall, followed by the combination of insecticide treated bed nets, indoor residual spraying, case management with artemisinin based combination therapy, and intermittent presumptive treatment with sulfadoxine-pyrimethamine in pregnancy. In Afr-E, however, artemisinin based combination therapy remains the most cost effective intervention overall, followed by the combination of case management with artemisinin based combination therapy and insecticide treated bed nets; then the combination of case management with artemisinin based combination therapy, insecticide treated bed nets, and indoor residual spraying; and, finally, the combination of case management with artemisinin based combination therapy, insecticide treated bed nets, indoor residual spraying, and intermittent presumptive treatment with sulfadoxine-pyrimethamine in pregnancy. Full details are available from the authors.