

### What is already known on this topic

Thousands of electronic health related peer to peer support groups in the form of mailing lists, chat rooms and discussion forums are available on the internet

Anecdotal evidence shows that electronic peer to peer self help groups might be beneficial interventions, although some also warn of the dangers of such groups

To our knowledge, no systematic synthesis of the effects of peer to peer support groups has been conducted to date

### What this study adds

Numerous controlled studies with peer to peer components have been conducted, but only a few evaluated the effect of peer to peer groups alone

Most studies failed to show an effect, or effects were confounded by potential effects of co-interventions

Quantitative studies with factorial design or evaluating pure peer to peer interventions are needed to provide robust evidence on the effects of peer to peer support groups

group,<sup>4</sup> but another study showed that virtual groups may be less effective than face to face groups to sustain weight loss.<sup>13</sup> In terms of the outcome measures used, future studies should also include measures of resource use, as it is currently not clear whether participation in a peer to peer group reduces or increases the use of health care.

Given the abundance of unmoderated peer to peer groups on the internet, researchers must focus their efforts not only on sophisticated professionally led systems, but shift their attention to consumer led, self help venues. Perhaps in this way the research community can best help consumers to help themselves, a guiding principle of support groups regardless of the venue in which they occur.

Contributors: See bmj.com.

Competing interests: None declared.

Note about process: While GE has the same departmental affiliation and works (with AS and CR) in the same centre as Alejandro Jadad, guest editor of this theme issue, it was submitted to the *BMJ* in the normal way, and Jadad neither played any part in the decision making over this paper, nor was he involved in conception or conduct of this study.

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(Accepted 21 April 2004)

### Corrections and clarifications

*Recurrent hypoglycaemia in a diabetic patient as a result of unexpected renal failure*

In this Lesson of the Week by Malvinder S Parmar (10 April, pp 883-4), the first sentence of the final paragraph should read: "In chronic, progressive renal failure the physician is aware of the risk of hypoglycaemia and adjusts the dose of insulin or hypoglycaemic agents accordingly."

*Poor more likely to smoke and less likely to quit*

In this News Extra article on bmj.com by Roger Dobson (17 April) we reported on a study published in the *Journal of Public Health*. A reader wondered if this was a mistake and whether the journal was not in fact the *Journal of Public Health Medicine*. The *Journal of Public Health Medicine* seems to have changed its name, however, from the March 2004 issue—to the *Journal of Public Health*. The correct reference to the news article is the *Journal of Public Health* (2004;26(1)13-8).

*Efficacy and safety of antidepressants for children and adolescents*

When the references were renumbered to take account of a new reference in this clinical review by Jon N Jureidini and colleagues (10 April 2004, pp 879-83), a reference in the table escaped our notice. The reference for the FDA (Food and Drug Administration) data on funding of trials should be numbered 21 (not 20, as published).