

### What is already known on this topic

No previous trial based economic evaluation has compared alternating pressure mattresses with the less costly alternating pressure overlays

### What this study adds

Alternating pressure mattresses were associated with lower costs and greater benefits and are more likely to be cost saving than alternating pressure overlays

that trial were based on expert opinion whereas we collected our data.<sup>10</sup> The previous model also disregarded that pressure ulcers are rarely the reason for people being admitted to hospital. Thus the marginal cost of treating a pressure ulcer in hospital may be small compared with the overall costs of hospital treatment. In this sense our analysis reflects actual practice. Our assumption that participants remained on the allocated surface over their entire hospital stay is conservative; in reality patients are moved on to standard mattresses or higher specification surfaces if their risk of pressure ulcers changes. Given participants in the overlay group developed pressure ulcers earlier than those on the mattresses, this assumption will have over-estimated the cost of the mattresses, thus strengthening our conclusions.

Although there was considerable uncertainty around the point estimates of mean health benefits and costs (table 2), this should not result in large uncertainty for decision makers since even for large willingness to pay values (see [bmj.com](http://bmj.com)) the probability of the overlays being cost effective is only between 10% and 20%.<sup>11</sup>

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Ethical approval: This study was approved by the North West multicentre research ethics committee and local ethics committees.

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### Corrections and clarifications

*An international standard for disclosure of clinical trial information*  
A couple of errors cropped up in this editorial by Fiona Godlee (*BMJ* 2006;332:1107-8, 13 May). In discussing the setting up of trial registries, Fiona mentioned the metaRegister of Clinical Trials, but this should have been the ISRCTN Register (<http://isrctn.org>) since this is where trials are uniquely registered in accordance with international requirements. In addition, the meeting convened by WHO to determine what information must be disclosed at registration was in April 2005 (not 2004 as written).

*Short cuts: Two antiplatelet agents work better than one after stroke*  
In the final item of these Short Cuts by Alison Tonks (*BMJ* 2006;332:1264-5, 27 May), the number needed to treat for a combination of aspirin and dipyridamole should have been 33. The value of 104 that we gave (and which is given in the *Lancet* paper cited) refers to the number needed to treat per year.

*Effect of patient completed agenda forms and doctors' education about the agenda on the outcome of consultations: randomised controlled trial*  
We inadvertently used the wrong terminology in one of the figures of this research article by J F Middleton and colleagues (*BMJ* 2006;332:1238-41, 27 May). The cluster of boxes in figure 2

of the full version on [bmj.com](http://bmj.com) that state "data not available" should have read "did not attend appointment." In addition, a column heading in table 2 of the full version (the table of the print version) is incorrect: the heading spanning the last three columns should read "Change in means (95% CI) (intervention group-reference group)" [not "(reference group-intervention group)"].

*Randomised controlled trial of four commercial weight loss programmes in the UK: initial findings from the BBC "diet trials"*

During the writing, rewriting, and editing of this research paper by Helen Truby and colleagues (*BMJ* 2006;332:1309-11, 3 June), some small errors crept into table 3 of the full version on [bmj.com](http://bmj.com) (table 2 of the print version). In the control group the mean (SD) fall in cholesterol during 2-6 months should be 0.24 (0.6) (not 0.24 (0.24) as written) and during 0-6 months should be 0.18 (0.5) (not 0.5 (0.18)). The table footnote should have stated that the fall in total cholesterol at 2 months in the Weight Watchers, Rosemary Conley, and Slim-Fast groups was significantly different from that in the control group. However, the text is correct in explaining these differences, and the conclusions drawn are not affected by the errors.