in general practice populations, but more common in hospital clinics. The tests recommended for patients whose lipids are within the population reference range should be titrated to a target.

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. 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 the merits of alanine aminotransferase monitoring 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 of drug induced hepatotoxicity.

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.bmjournals.com/cgi/content/full/bmj.38693.702384AE/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, insecticide treated bed nets, and indoor residual spraying.

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