

of assessing unrestricted funding and consequently made no inferences about this issue. The only ones questioning the independence of these particular health researchers are Rinfret and Schampaert.

We also appreciate David Cohen and Ameet Bakhai's clarifications that some of their articles were not original cost-effectiveness studies, but this seems slightly disingenuous as these articles were reported in the electronic databases and have been referenced by others. A re-analysis of our data with their additional information would strengthen our overall conclusions. Their comment about not requiring a statement about the source of funding reinforces our general message of *caveat lector* or *caveat emptor*.

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#### REFERENCE

1. Ligthart S, Vlemmix F, Dendukuri N, et al. The cost-effectiveness of drug-eluting stents: a systematic review. *CMAJ* 2007;176(2):199-205.

DOI:10.1503/cmaj.1070033

### Correction

The authors of a recent *CMAJ* article<sup>1</sup> have let us know that there was a minor error in their article. The odds ratios that were reported as measures for imbalance of patient characteristics in Table 1 were miscalculated. All counts, proportions and *p* values were correctly reported; however, some of the text describing Table 1 is also affected by this transcription error. Regarding the text, the authors have provided the following as a corrected substitute for the last 3 sentences that appear in the first paragraph of the Results section: "Patients who initiated conventional antipsychotic medications (*n* = 12 882) were slightly younger and *more* likely to be male than those who began using atypical antipsychotic medications (*n* = 24 359). The initiators of the conventional agents were slightly *more* likely than new users of the atypical agents to have cerebrovascular disease, diabetes, acute MI, other cardiovascular diseases, congestive heart failure and non-MI ischemic heart disease but *less*

likely to have dementia, delirium, psychoses, mood disorders and other psychiatric disorders at baseline. Conventional antipsychotic medication users had lower rates of antidepressant use *but higher rates* of use of other psychotropic medications, total number of drugs, admissions to hospital and nursing home stays."

A corrected version of the table is available online (at [www.cmaj.ca/cgi/content/full/176/11/1613/DC1](http://www.cmaj.ca/cgi/content/full/176/11/1613/DC1)).

The authors have assured us that none of the subsequent analyses were affected by this unfortunate oversight and that the interpretation of the study findings is not changed.

#### REFERENCE

1. Schneeweiss S, Setoguchi S, Brookhart A, et al. Risk of death associated with the use of conventional versus atypical antipsychotic drugs among elderly patients. *CMAJ* 2007;176(5):627-32.

DOI:10.1503/cmaj.070582