This study is a reflection of doctors' opinions and is subject to reporting bias. However, the serious concerns raised warrant further investigation if we are to ensure that dispersal is not to be detrimental to patients' health.

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Competing interests: RM edits *Sexually Transmitted Infections*.

Ethical approval: Not needed.

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DRUG POINTS

Acquired haemophilia A may be associated with clopidogrel

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Acquired haemophilia A is a rare bleeding disorder caused by autoantibodies against factor VIII.[1] Bleeding is often severe and may be life threatening. In half of patients, no underlying disorder is found, however, common associations are with autoimmune disease, malignancy, dermatological disorders, pregnancy, and drugs.[1–3]

Two women aged 70 and 67 presented with a history of excessive bruising and soft tissue bleeding 2-3 months after starting clopidogrel (Plavix; Bristol-Myers Squibb, Sanofi-Synthelabo) for peripheral vascular disease. Their drugs had not changed recently in any other way. They had no clinical symptoms or signs of malignancy, antiphosphpolipid syndrome, or collagen vascular disease.

One patient had had a documented normal activated partial thromboplastin time at the time of starting clopidogrel; the other had not been tested. Investigation showed that the women had a normal platelet count, peripheral blood film, and prothrombin time. Both had a prolonged activated partial thromboplastin time of 48.6 and 77.6 seconds (normal range 23-33 seconds). Tests for lupus anticoagulant, anticardiolipin antibody, antinuclear factor, double stranded DNA, and rheumatoid factor were negative. The women had low factor VIII (3.9 and 1 IU/dl) with normal von Willebrand factor levels and a detectable antifactor VIII inhibitor (2.2 and 17.6 Bethesda units). We treated both patients with 1 mg/kg of prednisolone. Concentrations of factor VIII rose to 119 and 136 IU/dl, and the inhibitor became undetectable (<0.4 Bethesda units) within eight weeks of treatment. The factor VIII inhibitor relapsed in one patient when the steroid dose was reduced, but we induced and sustained remission with azathioprine.

A possible link between autoimmune acquired haemophilia and clopidogrel has not been previously reported. Clopidogrel has been associated with microangiopathic haemolytic anaemia and thrombocytopenia,[4 5] suggesting other possible immune mediated adverse events.

Increased bruising should not be ascribed to the antiplatelet action of clopidogrel unless a platelet count and coagulation screen have been found to be normal. Investigation for an antifactor VIII inhibitor should be done if indicated by a prolonged activated partial thromboplastin time.

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Competing interests: None declared.

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Corrections and clarifications

Variations and increase in use of statins across Europe: data from administrative databases

The authors of this paper, Tom Walley and colleagues, have alerted us to some errors in the data in their table (*BMJ* 2004;328:385-6). For Ireland, the total use of cerivastatin is in fact 0.416 (not 4.16) million defined daily doses (DDDs); this change affects the overall use of statins in Ireland, which becomes 11.06 (not 14.80) million DDDs a year. The value for DDDs per 1000 head of population in Italy is correct as stated. For France, the total use of atorvastatin is 236.58 (not 357.52) million DDDs, and the value for DDDs per head of population is 15.58 (not 23.56); these changes affect France's overall use of statins and its overall rate of use—these values become 730.46 (not 846.88) million DDDs and 48.11 (55.82) DDDs per head of population respectively.

Administering, analysing, and reporting your questionnaire

Readers may have been confused by the page reference given for reference 2 in this article by Petra M Boynton in the Hands-on Guide to Questionnaire Research series (5 June, pp 1372-5). The correct page reference is 573.

Infertility among male UK veterans of the 1990-1 Gulf war: reproductive cohort study

An error in the text of the full version of this paper (http://bmj.bmjjournals.com/cgi/content/full/329/7459/196) by Noreen Maconochie and colleagues persisted until publication (24 July, pp 196-200). The odds ratio for an association of Gulf war service with a general diagnosis of type I male factor infertility should have been 1.16 (95% confidence interval 0.74 to 1.82), as correctly given in table 3.

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