

What is already known on this topic

The VIGOR study found that rofecoxib was associated with an increased risk of myocardial infarction compared with naproxen

Uncertainty existed as to whether this reflected a true increase or an apparent increase due to a cardioprotective effect of naproxen

Rofecoxib has been withdrawn, but uncertainty persists about the cardiovascular safety of the other selective non-steroidal anti-inflammatory drugs (NSAIDs)

What this study adds

Rofecoxib, diclofenac, and ibuprofen were associated with a higher risk of myocardial infarction; no evidence of a cardioprotective effect for naproxen was found

The increased risk with rofecoxib in the VIGOR study was genuine; the toxicity of conventional NSAIDs and newer selective NSAIDs is also of concern

No clinically important interactions occurred between any NSAID and either aspirin or coronary heart disease

This is an observational study and may be subject to residual confounding. However, we think that enough concerns exist to warrant a reconsideration of the cardiovascular safety of all NSAIDs.

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Contributors: See bmj.com

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Competing interests: None declared.

Ethical approval: Trent Multi-Centre Research Ethics Committee.

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Corrections and clarifications

Self harm was misrepresented (again)

We inadvertently mangled the first name of the first author of this letter by Naveen Kapur and Jayne Cooper (*BMJ* 2000;330:1026, 30 Apr). Our apologies.

Global functions at the World Health Organization

We slipped up in making some late changes to this editorial by Jennifer Prah Ruger and Derek Yach (*BMJ* 2005;330:1099-100, 14 May). The competing interests for the first author should have read: "Dr Ruger worked previously at the World Bank and served on the health and development satellite of former Director-General Brundtland's transition team."

Obituary: Archibald John Ogg

When we scanned the original obituary into our system, we failed to notice that the initial O in the name of one of the contributors (J K Oates) got corrupted and appeared as a "D" (*BMJ* 2005;330:968, 23 Apr).

The hazards of good memory

In this Personal View by Mukaili Raji, an editing error led to the attribution of Alzheimer's disease to the reviewer of a book on the disease rather than to the author of the book (*BMJ* 2005;330:913, 16 Apr). The sentence that began "In a book review Dr Peter Whitehouse, who also happened to have Alzheimer's disease, said" should have read: "In a review of a book by an author with Alzheimer's disease (Thomas DeBaggio's *Losing My Mind: An Intimate Look at Life with Alzheimer's*), Dr Peter Whitehouse said . . ."

Why clinicians are natural bayesians

It seems that Thomas Bayes was a presbyterian minister—not a vicar, as was stated in this article by Christopher J Gill and colleagues (*BMJ* 2005;330:1080-3, 7 May).

Minerva

Minerva mixed up her penicillins in her opening sentence of the final item of her 7 May column (*BMJ* 2005;330:1094). She referred to flucloxacillin as a broad spectrum antibiotic; it is in fact a penicillinase-resistant penicillin.

Excess coronary heart disease in South Asians in the United Kingdom

The authors of this editorial, Velmurugan C Kuppaswamy and Sandeep Gupta, have alerted us to two errors in their article (*BMJ* 2005;330:1223-4). Firstly, the third from last paragraph should have referred to the South Asian Health [not Heart] Foundation. Secondly, three authors were inadvertently omitted from reference 12: the full list of authors is Kuppaswamy V, Jhuree K, Cunliffe E, Sheikh AQ, Feder G, Gupta S.