What is already known on this topic

The need for effective HIV prevention strategies based on reducing sexual risk behaviour remains important

Few interventions to reduce sexual risk behaviour have been rigorously evaluated using randomised controlled trials

What this study adds

This is the first randomised controlled trial of an intervention addressing sexual behaviour in homosexual men that uses sexually transmitted infections and self reported behaviour as end points

The intervention was brief and feasible to use in a busy clinic, but it did not reduce the risk of participants acquiring new infections

The potential for behavioural interventions to do more harm than good needs to be taken seriously

behavioural interventions should not be assumed to bring benefit. It is important to evaluate their effects in randomised trials using clinical end points wherever possible.

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Contributors: JI coordinated the study, participated in designing the questionnaires, coauthored the participants' workbook, and prepared the first draft of the paper. JMS was the principal investigator, designed the study, wrote the study protocol, and contributed substantively to the paper. FMC had the idea for the study and advised on designing the questionnaire and recruiting participants. SW developed the intervention and the training programme for facilitators, selected the psychometric outcome measures, and provided clinical supervision to the facilitators. AJPB assisted in developing the intervention and the training programme for facilitators, coauthored the participants' workbook, and provided clinical supervision to the facilitators. AJC oversaw the collection of data and performed the statistical analyses. LF managed the team of facilitators and advised on the content and delivery of the intervention. PDF advised on recruitment strategies and delivering the intervention, and facilitated the team's work in the clinic. AMJ advised on the study design. All authors reviewed successive drafts of the paper. JI and JMS are guarantors for the study.

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Corrections and clarifications

How policy informs the evidence

Editors are not immune to the dangers of abbreviations. In a letter by Arminée Kazanjian ("Comprehensive evidence is needed in decision making," 26 May, p 1304) we rather foolishly spelt out the author's abbreviation "CTs" as computed tomography (see beginning and end of third paragraph). In most situations this is indeed the usual meaning, but unfortunately in this case the author was referring to clinical trials. We apologise for this.

Efficacy and safety of rivastigmine in patients with Alzheimer's disease: international randomised controlled trial

We have recently been alerted to two small errors in a table in this paper by Michael Rösler and colleagues (1999;318:633-8). In the intention to treat analysis for high dose rivastigmine, the P value versus placebo for the Alzheimer's disease assessment scale (cognitive subscale) should be 0.011 [not <0.1] and for the progression deterioration scale should be 0.07 [not <0.1].