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Erratum

Vol. 16, No. 6, page 360: In table V there were a number of errors. The table should read as follows:

Table V. Suitable methods for detecting adverse drug effects, according to the frequency of the adverse effects. For detection methods, see Inman[1] and Strom[2]

Detection method	Frequency of adverse effect						
	>1/10	1/10 to 1/100	1/100 to 1/1000	1/1000 to 1/5000	1/5000 to 1/10 000	1/10 000 to 1/50 000	<1/50 000[a]
Spontaneous reporting (national)	–	+	++	++	++	++	+
International reporting[b]	–	–	+	++	++	++	++
Intensive monitoring (New Zealand[c]; in hospital[d])	–	+	++	++	+	–	–
Prescription event monitoring	–	+	++	++	+	–	–
Case-control surveillance	–	–	+	++	++	–	–
Large data resources (and record linkage)	–	–	++	++	+	+	–
Follow-up studies	–	+	++	+	–	–	–
Monitored release	–	+	+	–	–	–	–
Clinical trials	++	++	+	–	–	–	–

a May be undetectable or not relevant at this frequency.

b As conducted by the World Health Organization (WHO) Collaborating Centre for International Drug Monitoring in Uppsala, Sweden, and international pharmaceutical companies. The WHO Collaborating Centre collects data derived from national spontaneous reporting systems throughout the world.[11,12] This has the advantage of creating the largest possible data file, and also creates possibilities for comparing drugs in different countries and at different times.

c In addition to a high reporting rate of adverse effects, the intensive monitoring programme developed in New Zealand[10] enables the identification of first users cohorts of selected new drugs (comparable to 'recorded release') which can be used for rapid signal testing and quantitative data collection.

d Intensive monitoring in hospitals.[1]

Symbols: – = of little or no use; + = may be helpful; ++ = preferable.

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