antibiotics are included. Nevertheless, the authors do not take into account the fact that different antibiotic agents cause diarrhoea at a different rate. They also do not report a subgroup analysis on antibiotic agents.

Thus, the authors'conclusion that yogurt has no effect might be biased by the possibility that small-spectrum antibiotics represented a substantial part of all antibiotics applied in the study. The results might probably have been different when small spectrum antibiotics would have been excluded from the study or when a statistical correction would have been applied.

We would ask the authors if they could present data on the antibiotics prescribed in the study, and if they could specify the outcomes for patients using small versus broad-spectrum antibiotics.

**Karlijn Overeem**
*MD, GP-trainee at Huisartsopleiding VU Medical Centre Amsterdam.*
*E-mail: k.overeem@vumc.nl,*

**Geertje van Soest**
*MD, GP-trainee at Huisartsopleiding VU Medical Centre Amsterdam.*

**Nettie Blankenstein**
*MD, PhD, EMGO institute and Huisartsopleiding VU Medical Centre Amsterdam.*

## REFERENCES

1. Conway S, Hart A, Clark A, Harvey I. Does eating yogurt prevent antibiotic-associated diarrhoea? A placebo controlled randomised controlled trial in general practice. *Br J Gen Pract* 2007; **57(545):** 953–959.
2. Turck D, Bernet JP, Marx J, *et al.* Incidence and risk factors of oral antibiotic-associated diarrhoea in an outpatient pediatric population. *J Pediatr Gastroenterol Nutr* 2003; **37(1):** 22–26.
3. Bergogne-Berezin E. Treatment and prevention of antibiotic associated diarrhoea. *Int J Antimicrob Agents* 2000; **16(4):** 521–526.

DOI: 10.3399/bjgp08X279959

# Earwax

We thank Weller for his response to our paper[1] and support his view that the focus of management should be the alleviation of symptoms. We also agree that patient satisfaction with bulb treatment might be greater than shown by our data if bulbs were readily available, so avoiding the need to visit a GP practice.

Regarding the choice of wax-softening drops: although we cited the slightly more recent systematic review by Hand[2] we do not feel that its conclusions differ significantly from the Cochrane review.[3] Our statement that 'it is not known which wax-softening drops are most effective' is justified by both reviews. With the proviso that, as both reviews agree, there is a dearth of reliable data, we agree with Weller that water may indeed be as effective as sodium bicarbonate. However, as the objective of our study was to assess the effectiveness of bulb syringes, the choice of drops was secondary. Our choice was informed by the current literature to favour a water-based product over the more commonly used olive oil. We did consider water but felt that its use, in this context, was not common practice. Further, as the evidence base is weak, we were concerned that advocating it to colleagues might prove an impediment to recruitment. We therefore made a pragmatic choice of sodium bicarbonate which also had the advantage of being available in standard dropper bottles.

**Richard Coppin**
*GP, The Surgery, Station Road, Overton, Hants, RG25 3DU.*
*E-mail: richard.coppin@nhs.net*

**Dorothy Wicke**
*Research Nurse, The Surgery, Station Road, Overton, Hants*

**Paul Little**
*Professor of Primary Care Research, University of Southampton Primary Medical Care, Aldermoor Health Centre, Southampton.*

## REFERENCES

1. Coppin R, Wicke D, Little P. Managing earwax in primary care: efficacy of self-treatment using a bulb syringe. *Br J Gen Pract* 2008; **58(546):** 44–49.
2. Hand C, Harvey I. The effectiveness of topical preparations for the treatment of earwax: a systematic review. *Br J Gen Pract* 2004; **54(508):** 862–867.
3. Burton MJ, Doree CJ. Ear drops for the removal of ear wax. *Cochrane Database of Systematic Reviews* 2003, Issue 3. Art. No.: CD004326.

DOI: 10.3399/bjgp08X279995

# Corrections

In the March 2008 issue of the *BJGP*, we incorrectly published the title and an author's name in the following article:

Dormandy E, Gulliford MC, Reid EP, *et al.* Delay between pregnancy confirmation and sickle cell and thalassaemia screening: a population-based cohort study. *Br J Gen Pract* 2008; **58(548):** 154–159.

1. The title above is shown correctly, with 'and' appearing before 'thalassaemia'. This omission was made in the article and on the contents page.
2. In the blue box on page 154, the author's name 'M Marteau', should have read 'TM Marteau'. We apologise for these errors. The corrected versions are available online.

DOI: 10.3399/bjgp08X280001