ERRATUM

"CAN CAP GUIDELINE ADHERENCE IMPROVE PATIENT OUTCOME IN INTERNAL MEDICINE DEPARTMENTS?". F. BLASI, I. IORI, A. BULFONI, S. CORRAO, S. COSTANTINO AND D. LEGNANI. *EUR RESPIR J* 2008; 32: 902–910.

Unfortunately, the therapy information presented on the left-hand side of figure 3 was incomplete; this specifically concerned the therapy name appearing on the lower left of the figure. Figure 3 should have appeared as follows:

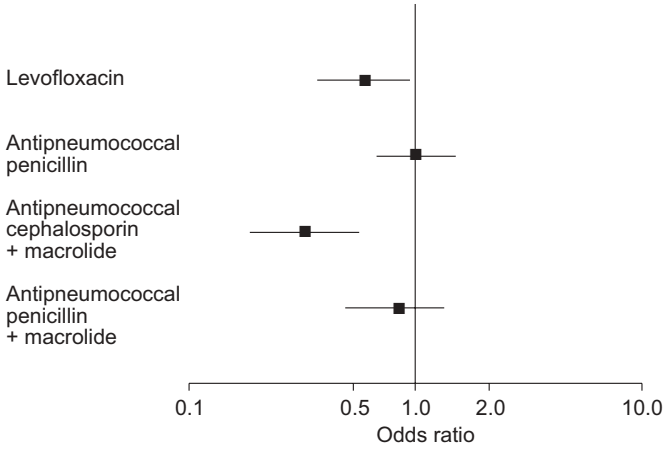

FIGURE 3. Mortality during first therapy cycle according to main initial therapies. Data are presented as adjusted odds ratios (ORs) with 95% confidence intervals (CIs) *versus* antipneumococcal cephalosporin alone. Multiple logistic regression model including initial therapy, study phase, Fine score (as a numerical variable on a 10-point scale) and previous antibiotic treatment (yes or no). ORs (95% CIs) were as follows: levofloxacin 0.59 (0.37–0.94), p=0.026; antipneumococcal penicillin 1.01 (0.68–1.50), p=0.97; antipneumococcal cephalosporin and macrolide 0.32 (0.19–0.56), p<0.001; antipneumococcal penicillin and macrolide 0.81 (0.50–1.34), p=0.42. Mortality rates: antipneumococcal cephalosporin, 16.2%; levofloxacin, 9.1%; antipneumococcal penicillin, 15.9%; antipneumococcal cephalosporin and macrolide, 5.7%; antipneumococcal penicillin and macrolide, 12.2%.

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AUTHOR CORRECTIONS

"THE SECRET LIFE OF STEROIDS IN ASTHMA". P.J. STERK, C.Y. YICK AND A.M. SLATS. *EUR RESPIR J* 2008; 32: 1135–1137.

Unfortunately, the misrepresentative term ''inhibition'' was used in the penultimate paragraph of the above manuscript. The sixth sentence of this section should have read as follows: ''The responsible signalling pathways are not fully understood, and could not only be related to transcriptional and post-transcriptional regulation of MKP-1 and calcium-mobilising second messengers [26], but also to altered transcription of proteins that are responsible for airway smooth muscle phenotype, including contractile elements, cytoskeleton, cell surface molecules, and cytokines or mediators with autocrine function [23, 27].'' The authors apologise for this error.

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