

CORRECTION



Correction to: Efficacy and safety of stress ulcer prophylaxis in critically ill patients: a network meta-analysis of randomized trials

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Owing to an oversight by the authors, all the figures in the last column of Table 2 (upper section: Number needed to treat; lower section: Number needed to harm)

in this article were given without the final digit 0 and are thus 10 times too small.

The corrected Table 2 is shown here.

The authors regret any inconvenience caused.

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Table 2 Absolute treatment effect for clinically important bleeding and pneumonia outcomes

Clinically important GI bleeding		
Comparison	RD per 1000 patients (95% CI) for ACR 2.1 for placebo^a	Number needed to treat
H2RA vs placebo	8 fewer per 1000 (6 more to 14 fewer)	130
PPI vs H2RA	8 fewer per 1000 (from 4 fewer to 10 fewer)	130
H2RA vs sucralfate	3 fewer per 1000 (from 7 more to 9 fewer)	330
PPI vs placebo	16 fewer per 1000 (from 8 fewer to 19 fewer)	60
Sucralfate vs placebo	4 fewer per 1000 (from 13 fewer to 15 more)	250
PPI vs sucralfate	12 fewer per 1000 (from 6 fewer to 15 fewer)	80
Pneumonia outcome		
Comparison	RD per 1000 patients (95% CI) for ACR 6% in placebo^b	Number needed to harm
H2RA vs placebo	11 more per 1000 (from 12 fewer to 42 more)	90
PPI vs H2RA	19 more per 1000 (from 3 fewer to 48 more)	50
H2RA vs sucralfate	17 more per 1000 (from 4 more to 32 more)	50
PPI vs placebo	31 more per 1000 (from 3 fewer to 85 more)	30
Placebo vs sucralfate	5 more per 1000 (from 15 fewer to 36 more)	200
PPI vs sucralfate	36 more per 1000 (from 11 more to 70 more)	30

RD risk difference, ACR assumed control event rate, H2RA histamine-2 receptor antagonists, PPI proton pump inhibitor, GI gastrointestinal

^a The median event rate of clinically important bleeding across all trials in placebo arm was 2.1%

^b The median event rate of pneumonia across all trials in placebo arm was 6%

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