

significant problem with overreferral of the all-too-common phenomenon of floaters without flashes. I would love to see a study that shows how likely patients with floaters, who present only to their family physicians, are to have a retinal tear. To my knowledge there is presently no such good information. All of the studies in this area are coming from tertiary care or subspecialty settings.

#### Ari Giligson MD

The Department of Ophthalmology,  
University of British Columbia, Surrey, BC

#### References

1. Johnson D, Hollands H. Acute-onset floaters and flashes. *CMAJ* 2012;184:431.
2. Hollands H, Johnson D, Brox AC, et al. Acute onset floaters and flashes: Is this patient at risk for retinal detachment? *JAMA* 2009;302:2243-9.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2054

#### The authors respond

Thank you for your response<sup>1</sup> to the “Five things to know about ...” article on acute floaters and flashes in the *CMAJ*.<sup>2</sup> These points are a summary of

data from a large meta-analysis published in *JAMA* in December 2009.<sup>3</sup> The 14% incidence of retinal tears in patients with acute floaters and flashers was indeed patients referred to ophthalmology clinics at tertiary hospitals (but not just to retinal specialists). We agree that there is a selection bias and that this may not necessarily represent the same population of patients who present to the general practitioner with similar symptoms. Many such patients may indeed have long-standing or recent floaters that are benign. Like you, we are not aware of a study that looks at this. However, we believe general physicians need to be aware of the importance of the acute onset of floaters and flashes and the appropriate time frames for referral — especially in cases of field loss, vitreous hemorrhage and subsequent resurgence of symptoms.

#### Davin E. Johnson, Hussein Hollands MD MSc

Queen’s University (Johnson), Kingston, Ont.; and the Department of Ophthalmology (Hollands), University of Toronto, Toronto, Ont.

#### References

1. Giligson A. Floater panic could cause overreferral [letter]. *CMAJ* 2012;184:1175-6.
2. Johnson D, Hollands H. Acute-onset floaters and flashes. *CMAJ* 2012;184:431.
3. Hollands H, Johnson D, Brox AC, et al. Acute-onset floaters and flashes: Is this patient at risk for retinal detachment? *JAMA* 2009;302:2243-9.

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#### CORRECTION

#### Incorrect term used

In a synopsis in the May 15 issue,<sup>1</sup> the Editor’s comment mistakenly referred to “irritable bowel disease.” The correct term should have been “inflammatory bowel disease.” *CMAJ* apologizes for this error.

#### Reference

1. Murdoch TB, Bernstein CN, El-Gabalawy H, et al. Prevalence of genetic variants associated with inflammatory bowel disease in a healthy First Nations cohort. *CMAJ* 2012; 184:E435-41.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2049