

out a prescription could not be measured. There is no reason to believe that women who miscarried used over-the-counter ibuprofen without a prescription differently than those who did not. Hence, this led to nondifferential misclassification, and our results are underestimates of the true effects.

The aim of our study was to empower women by informing them and their physicians of the potential risks of medication use during pregnancy.

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### **Childhood aggression: response to commentary**

As an author of a research article that appears in this issue,<sup>1</sup> I wish to respond to the related commentary by Stewart-Brown.<sup>2</sup> An encrypted identity-protecting coding procedure was thoroughly reviewed by Commission d'accès à l'information du Québec before it permitted release of Medicare records for research purposes. Analyses were done on entirely denormalized data (no names attached). Every measure was taken to respect the confidentiality of the participants, and all procedures were reviewed by the Concordia University Institutional Review Board for conformity with ethi-

cal requirements for research. Our procedures are designed to correspond to the highest international standards for protecting confidentiality of participants. Ethical guidelines for parental consent have changed dramatically in the 30 years since the Concordia Project's inception, and the "opt-out" approach to consent would no longer be considered sufficient in Canada. However, the data were entirely confidential and protected the privacy of participants.

#### **Caroline E. Temcheff PhD**

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1. Temcheff CE, Serbin LA, Martin-Storey A, et al. Childhood aggression, withdrawal and likeability, and the use of health care later: a longitudinal study. *CMAJ* 2011;183:2095-101.
2. Stewart-Brown S. Could parenting programs lead to lower health care costs in future generations? *CMAJ* 2011;183:2083-4.

*CMAJ* 2011. DOI:10.1503/cmaj.111-2100

Some letters have been abbreviated for print. See [www.cmaj.ca](http://www.cmaj.ca) for full versions and competing interests.

#### **CORRECTION**

#### **Author affiliations**

The employment information for Dr. Michel Joffres and Dr. Gabriela Lewin was incorrect in the guidelines<sup>1</sup> that appeared in the Nov. 22, 2011, issue of *CMAJ*. Dr. Joffres is affiliated with the Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia. Dr. Lewin is an associate physician with the Kemptville District Hospital in Kemptville, Ontario. Dr. Lewin is not an employee of the hospital. We apologize for any inconvenience these errors have caused.

#### **Reference**

1. The Canadian Task Force on Preventive Health Care. Recommendations on screening for breast cancer in average-risk women aged 40–74 years. *CMAJ* 2011;183:1991-2001.

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