

hibited by the case patient. We agree that it is bacteria in the saliva that usually cause pneumonia and that “scrupulous mouth care” is appropriate.

Finally, Campbell-Taylor states that our patient’s pneumonia could not have been due to aspiration of saliva and disagrees with the management decision to withhold food by mouth. However, if significant dysphagia is noted by nursing, medical, or speech and language pathology staff members, and cognition is suspect, then “NPO” management is, in our opinion, clinically indicated.

Fred Saibil notes that many physicians have “remained completely unaware” of Heimlich’s technique of swallowing retraining. We will be looking into this limited literature in the future.

Roy Preshaw notes that there is little evidence to support the use of tube feeding as a means to reduce the risk of aspiration pneumonia. As he points out, aspiration pneumonia occurs no matter what type of tube is inserted because oropharyngeal secretions, which may be colonized, are the culprits. However, tube feeding will improve nutrition and hydration status. It is unlikely that a research study will be undertaken to compare enteral nutrition with intravenous feeding, as Preshaw suggests, because stroke patients almost always have a functional gut and there is no justification for submitting them to the more complex method of parenteral nutrition. We certainly agree that there is a need for good randomized quality-of-life studies of stroke patients with dysphagia and are encouraged that our article has engendered such excellent discussion.

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**References**

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DOI:10.1053/cmaj.1040217

**Corrections**

In an article by Holger J. Schünemann and colleagues on ways of presenting grades of evidence and recommendations,<sup>1</sup> incorrect symbols appeared in the right-most column of Fig. 1 under the heading Multiple. The symbols representing human figures should have been plain circles (as shown here).

**Reference**

1. Schünemann HJ, Best D, Vist G, Oxman AD, for the GRADE Working Group. Letters, numbers, symbols and words: how to communicate grades of evidence and recommendations [editorial]. *CMAJ* 2003;169(7):677-80.

DOI:10.1053/cmaj.1040382

Because of a production error, the recent article about adverse effects of antiretroviral therapy for HIV infec-

tion, by Valentina Montessori and associates,<sup>1</sup> incorrectly stated that the authors had no competing interests. The correct statement appears here.

*Competing interests:* Valentina Montessori has received speaker fees from Abbott Laboratories, Agouron Pharmaceuticals Inc. and Roche for discussions on antiretroviral hepatotoxicity. Marianne Harris has consultancy agreements with Agouron Pharmaceuticals Inc., Boehringer Ingelheim Pharmaceuticals Inc. and Bristol-Myers Squibb, and has received speaker fees or travel assistance (or both) from Agouron Pharmaceuticals Inc., Boehringer Ingelheim Pharmaceuticals Inc., Bristol-Myers Squibb, Gilead Sciences, GlaxoSmithKline, Roche and Merck Frosst Laboratories. Julio Montaner has received grants from, has served as an ad hoc advisor to or has spoken at events sponsored by Abbott Laboratories, Agouron Pharmaceuticals Inc., Shire Biochem Inc., Boehringer Ingelheim Pharmaceuticals Inc., Bristol-Myers Squibb, DuPont Pharma, Gilead Sciences, Glaxo Wellcome, Hoffmann-La Roche, Kucera Pharmaceutical Company, Merck Frosst Laboratories, Pharmacia & Upjohn, and Trimeris Inc.

**Reference**

1. Montessori V, Press N, Harris M, Akagi L, Montaner JSG. Adverse effects of antiretroviral therapy for HIV infection. *CMAJ* 2004;170(2): 229-38.

DOI:10.1053/cmaj.1040384

Quality of evidence	Numbers	Letters	Circles	Stars	Multiple
High	1	A	●	☆☆☆☆	⊕⊕⊕⊕
Moderate	2	B	◐	☆☆☆	⊕⊕⊕○
Low	3	C	◑	☆☆	⊕⊕○○
Very low	4	D	◒	☆	⊕○○○

  

Action based on balance between benefit and harm	Numbers	Letters	Traffic lights	Thumbs	Arrows
Do	1	A			↑↑
Probably do	2	B			↑?
Probably don't do	3	C			↓?
Don't do	4	D			↓↓

**Fig. 1: Examples of possible symbols for representing quality of evidence and the balance between benefits and harm in health care recommendations. See Tables 1 and 2 on the CMAJ Web site for selection criteria (see www.cmaj.ca).**