about the importance of calories in healthy weight management.

Physicians have seen first-hand the shock from patients when they find out that something like a tuna melt can have twice as many calories as a double cheeseburger. By learning more about calories and their impact on overall health, and by having better information about the food on menus, consumers will be empowered to make better and informed choices.

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***CMAJ* 2011. DOI:10.1503/cmaj.111-2013**

Efficacy and practicality of codeine

Thank you for bringing this important issue to the attention of *CMAJ*'s readership.[1] As clinicians, we all wish to deliver evidence-based and effective pain treatment to our patients by considering efficacy, safety and practicality. The editorial focused on safety; we'd like to highlight the limitations of codeine in the other areas.

Clinical trials have demonstrated repeatedly that codeine is no more effective than ibuprofen in providing relief of mild to moderate pain.[2–4] In many trials, the number of side effects reported by patients receiving codeine was substantially higher than those reported by patients receiving ibuprofen.[2–4] These adverse effects, reported by 50% to 71% of the patients, likely affect compliance. In addition, the poor palatability of codeine suspension is an issue in children, who rated this aspect of their experience with codeine as highly unsatisfactory.[3]

Given the well-recognized negative side-effect profile for codeine, can we justify choosing a drug that will likely be avoided by the patient in clinical scenarios where ibuprofen has a comparable clinical effect with a more favourable profile?

We cannot ignore the real safety concern associated with genetic differences in metabolism of codeine for a subsection of the population. However, clinical trials also suggest that codeine is no more effective than ibuprofen, and there are several drawbacks that likely affect compliance and effectiveness. Because there are alternative analgesics (e.g., ibuprofen) and opioids (e.g., hydrocodone and oxycodone) available with efficacy and safety profiles superior to that of codeine, we advocate for their thoughtful/judicious use over codeine.

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***CMAJ* 2011. DOI:10.1503/cmaj.111-2012**

Dose of vitamin K in emergency reversal of warfarin anticoagulation

Lin and Callum recommend 10 mg of vitamin K to reverse warfarin anticoagulation in emergencies.[1] However, a dose this high may not be required for all "emergent" situations. It is important to differentiate between emergencies on the basis of severity of bleeding and urgency of reversal of warfarin anticoagulation. Anticoagulation can be reversed with 2.5 to 5 mg of vitamin K administered intravenously in a patient taking warfarin who requires urgent surgery.[2] This lower dose of vitamin K is especially important when anticoagulation needs to be resumed once hemostatis has been achieved after surgery.

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2. Douketis JD, Berger PB, Dunn AS, et al. The perioperative management of antithrombotic therapy: American College of Chest Physicians Evidence-based Clinical Practice Guidelines (8th edition). *Chest* 2008;133(6 Suppl):299S-339S.

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

Some letters have been abbreviated for print. See www.cmaj.ca for full versions.

CORRECTIONS

Shortness of breath while sitting up

In the Jan. 11 issue of *CMAJ*,[1] the name of the corresponding author was incorrect. It should have been Dr. Shih-Tsung Cheng, zovirax kimo@yahoo.com.tw. *CMAJ* regrets any inconvenience this error may have caused.

Reference

1. Lee C-H, Cheng S-T. Shortness of breath while sitting up: hepatopulmonary syndrome. *CMAJ* 2011;183(1):80.

***CMAJ* 2011. DOI:10.1503/cmaj.111-2016**

Congenital varicella syndrome

In the Feb. 8 issue of *CMAJ*,[1] the name and degree for the second author were incorrect; the entry should have read: Panagis Moschopoulos PhD. *CMAJ* regrets the error.

Reference

1. Cohen A, Moschopoulos P, Stiehm RE, et al. Congenital varicella syndrome: the evidence for secondary prevention with varicella-zoster immune globulin. *CMAJ* 2011;183(2):204-8.

***CMAJ* 2011. DOI:10.1503/cmaj.111-2019**