

What is already known on this topic

No systematic reviews have studied topical rubefaciants containing salicylates for the treatment of acute or chronic pain

A seeming lack of clinical trials may be partly due to lack of consensus on a definition for rubefaciants

What this study adds

Randomised double blind trials have studied topical salicylates in acute and chronic pain

Trials were limited by small size, inadequate design, and validity, making results tentative

Topical salicylate may have efficacy in acute pain at seven days but poor to moderate efficacy in chronic pain at 14 days

Better trials showed little difference from placebo

placebo gels were rubbed onto the skin in the same way as active treatments, we found that active treatments were significantly better than placebo.

Creating double blind conditions in trials of counter irritants can be problematic as rubefaciants irritate the skin whereas inactive placebos do not. Some studies allowed for this by removing the principle ingredient from the treatment, leaving a placebo vehicle containing some other potentially irritant ingredients. Although the number needed to treat for combined outcomes of trials of this type was greater (worse) than for trials with inactive placebo, the difference was not statistically significant and there was insufficient evidence to draw conclusions.

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Ethical approval: Not required.

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Corrections and clarifications

Intimate partner violence

In this editorial by Lorraine E Ferris (13 March, pp 595-6) we let a wrong reference number slip through. The reference number in the title of the box should be 9 (not 8, as we stated).

Smoking and blindness

In the “web extra” material for this editorial by Simon P Kelly and colleagues, we forgot to make some final small amendments that the authors had told us about (6 March, pp 537-8). In the third sentence of the section headed “sensitivity analysis,” 61 800 should be 53 900 (consistent with elsewhere in the text and web extra material). The last part of the URL for the web reference W7 where it appears after the table (the second time it appears in the web extra material) is wrong; the correct URL is www.statistics.gov.uk/census2001/pop2001/united_kingdom.asp (as it appears in the list of web references).

This week in the BMJ: Children treated for heart conditions survive equally well across UK

We mixed up survival and mortality to produce a rather alarming sentence in this summary paragraph for the paper by John L Gibbs and colleagues (“Survival after surgery or therapeutic catheterisation for congenital heart disease in children in the United Kingdom: analysis of the central cardiac audit database for 2000-1,” 13 March, pp 611-5). We also omitted the word infant. So the third sentence should read: “Infant mortality [not “Survival”] at one year was double that at 30 days and may be a better descriptor of overall outcome.”