

was no difference in the impact of digitalis use upon mortality between participants in the SPORTIF III Study, which took place in 259 sites in 23 countries in Europe, Asia and Australasia, compared with SPORTIF V patients from 409 North American sites.

It is our hope that our focus on the potential problem of digitalis use in atrial fibrillation may lead to further analyses of available databases.

**K Gjesdal, J Feyzi, S B Olsson**

Arrhythmia Centre, Ullevål University Hospital, Oslo, Norway

**Correspondence to:** Professor K Gjesdal, Arrhythmia Centre, Ullevål University Hospital, Kirkeveien 166, Oslo, 0407 Norway; knut.gjesdal@medisin.uio.no

## REFERENCES

1. **Gjesdal K**, Feyzi J, Olsson SB. Digitalis – a dangerous drug in atrial fibrillation? An analysis of the SPORTIF III and V data. *Heart* 2008;**94**:191–6.
2. **The Digitalis Investigation Group**. The effect of digoxin on mortality and morbidity in patients with heart failure. *N Engl J Med* 1997;**336**:525–33.
3. **Simpson RJ Jr**. Assessing the safety of drugs through observational research. *Heart* 2008;**94**:129–30.

## CORRECTIONS

doi:10.1136/hrt.2006.099424corr1

Van de Veire NR, Bleeker GB, De Sutter J, *et al*. Tissue synchronisation imaging accurately measures left ventricular dyssynchrony and predicts response to cardiac resynchronisation

therapy. *Heart* 2007;**93**:1034–9. The name of the sixth author of this paper was spelt incorrectly: van der Wal EE should be van der Wall EE.

C Chrysochou, J Hegarty, P R Kalra, *et al*. "Shoot the renals": the evidence is actually round the corner! *Heart* 2008;**94**:1333. In the second sentence of this article ARVD has been mistakenly abbreviated to "arrhythmogenic right ventricular dysplasia" and not "atheromatous renovascular disease" as it should have been. We apologise for this error.

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