persons aged 60–69 years and aged 70 or more years at base-
line (table 1).

As stated in our article (2), there was little diminution of
the apparent wine frequency effect in the three time periods
studied (relative risks per day per week were 0.95, 0.96, and
0.96). A hypothetical possible factor is a greater prevalence
of persistence of drinking into older ages by wine drinkers,
compared with beer or liquor drinkers. Another explanation
might be that the lower risk of wine drinkers is due substan-
tially to their more favorable user traits. Whatever the expla-
nation, the validity of the lower mortality associated with
wine drinking frequency seems strengthened by both the age
bracket and time-to-death analyses.

REFERENCES

Epidemiol 2004;160:299.
2. Klatsky AL, Friedman GD, Armstrong MA, et al. Wine, liquor,
onary disease on changes in drinking in an older population.

Arthur L. Klatsky1,2 and Gary D. Friedman2
1 Division of Cardiology, Department of Medicine, Kaiser
Permanente Medical Center, Oakland, CA 94611
2 Division of Research, Kaiser Permanente Medical Care
Program, Oakland, CA 94611

ERRATUM

RE: “MATCHED COHORT METHODS FOR INJURY RESEARCH”

Cummings et al. have reported an error in table 3 (1, p. 46)
of their article, published last year in Epidemiologic
Reviews. Table 3 contains a column for the percentage of
vehicles with at least one person dead that is in cell A: % =
100 × A/(A + B + C). The percentages in this column should
have been given as 0, 5.3, 11.1, 17.6, 25.0, 33.3, and 42.9,
respectively.

The authors and Epidemiologic Reviews apologize for this
error.

REFERENCE

1. Cummings P, McKnight B, Greenland S. Matched cohort meth-