

factors should also be taken into account when considering the prevalence of and potential interventions to reduce prescription errors.

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The Authors' Reply

We would like to thank Drs Mani and Wheeler for their interest in our two systematic reviews.^[1,2] The authors suggest that the studies they describe in their letter were not included in our reviews because they were possibly perceived as administration rather than prescription errors. The majority of their studies, however, did not fulfill our inclusion criteria. Some investigated single groups of drugs^[3-6] or single types of error.^[7-9] Others reported the opinion or knowledge of prescribers in general, rather than opinion or knowledge about individually identified errors.^[10-15] Finally, some were comments or narrative reviews rather than reporting empirical data.^[16,17]

That said, we wholeheartedly agree with the authors' statement that such dosage errors have the potential for considerable patient morbidity. There is much work still to be done to investigate how to effectively reduce the prevalence of all types of prescribing errors.

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