

## Corrigendum

## Anxious–Retarded Depression: Relation with Plasma Vasopressin and Cortisol

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**Correction to:** *Neuropsychopharmacology* (2003) 28, 140–147. doi:10.1038/sj.npp.1300002

The authors wish to apologize for the errors made in the above paper. The corrected sections of text are produced below:

## INTRODUCTION

...We therefore compared the AVP levels and AVP-cortisol correlations in patients with anxious-retarded-melancholic

depression and in the category of all other depressed patients.

## DISCUSSION

In patients with melancholic depression (65% of the patients had anxious-retarded depression)...

## Plasma Concentrations of Neuroactive Steroids before and after Repetitive Transcranial Magnetic Stimulation in Depression

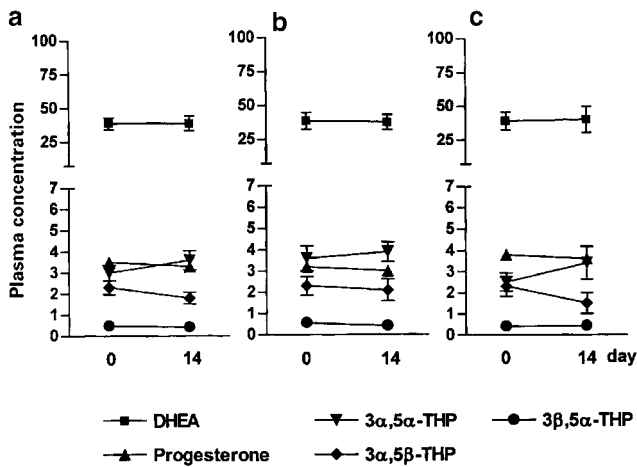
Frank Padberg, Flavia di Michele, Peter Zwanzger, Elena Romeo, Giorgio Bernardi, Cornelius Schüle, Thomas C Baghai, Robin Ella, Augusto Pasini and Rainer Rupprecht

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**Correction to:** *Neuropsychopharmacology* (2002) 27, 874–878.

Recently, we published a report on the effects of repetitive transcranial magnetic stimulation (rTMS) on plasma levels of neuroactive steroids in major depression (Padberg *et al*, 2002). We meanwhile noticed that the progesterone levels reported in Figure 2 in this paper were above those usually

found in human plasma. We therefore have reanalyzed our GC/MS data. By doing so we found that, when switching from steroid analysis by GC/MS from the electron impact (EI) mode that was employed in our previous study in depression (Romeo *et al*, 1998) to the negative chemical ionization (NCI) mode, we made a mistake with the calculation of progesterone concentrations. In our paper (Padberg *et al*, 2002) we reported on calculations based on



the ions that are characteristic for progesterone out of which the ion  $m/z$  178 represents also pregnenolone which partially coelutes with progesterone. This explains why the progesterone values reported were too high. We now

recalculated progesterone excluding  $m/z$  178. The corrected mean progesterone concentrations are below 5 nmol/l as usually found in the literature. The other steroid concentrations reported (Padberg *et al*, 2002) are correct. We seriously apologize for this error. Nevertheless, we would like to emphasize that the recalculated progesterone data do not change the conclusions of this study that treatment with rTMS for 2 weeks does not affect plasma concentrations of neuroactive steroids in depressive patients.

## REFERENCES

- Padberg F, di Michele F, Zwanzger P, Romeo E, Bernardi G, Schule C *et al* (2002). Plasma concentrations of neuroactive steroids before and after repetitive transcranial magnetic stimulation (rTMS) in depression. *Neuropsychopharmacology* 27: 874–878.
- Romeo E, Ströhle A, Spalletta G, di Michele F, Hermann B, Holsboer F *et al* (1998). Effects of antidepressant treatment on neuroactive steroid concentrations in major depression. *Am J Psychiatry* 155: 910–913.

# Amisulpride vs Risperidone in Chronic Schizophrenia: Results of a 6-Month, Double-Blind Study

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The authors wish to apologize for errors made in the above paper. The corrected section of text is produced below.

## EFFICACY

Except where stated, efficacy data are presented using the 'maintenance' population and the last-observation-carried forward (LOCF) procedure (all other analyses yielded similar results).

Amisulpride was demonstrated to be not inferior to risperidone with respect to the primary efficacy parameter.

The PANSS total score decreased markedly in both groups (from  $91.1 \pm 13.0$  at baseline to  $58.9 \pm 22.6$  after 6 months in the amisulpride group and from  $92.5 \pm 12.2$  to  $61.1 \pm 20.9$  in the risperidone group) (Figure 1). The noninferiority analysis showed that the decrease in the PANSS total score from baseline was not inferior with amisulpride as compared to risperidone (90% two-sided confidence interval  $[-5.6; 4.0]$ ). The two-sided 95% confidence interval also confirms the noninferiority of amisulpride compared with risperidone (Table 3). Similar results were observed in the ITT overall population (from  $91.7 \pm 12.6$  at baseline to  $64.8 \pm 25.0$  after 6 months in the amisulpride group and from  $92.9 \pm 12.3$  to  $66.8 \pm 24.1$  in the risperidone group, 90% two-sided confidence interval  $[-5.4; 3.7]$ ).