recording of all patient-reported TEAEs, and psychotic disorder, psychotic symptoms, and schizophrenia are Medical Dictionary for Regulatory Activities (MedDRA)-defined adverse events and typical patient-reported TEAEs in antipsychotic trials.

Gupta & Kamboj also state that reporting efficacy outcomes using the LOCF method for an ITT analysis could be misleading because discontinuation rates differed between the two active treatment groups. Gupta & Kamboj recommend a comparison of ITT and per protocol results for a more informative assessment of efficacy outcomes in our 38-week trial. LOCF was not used for the primary efficacy outcome or for the additional efficacy outcomes. As reported in our paper, the Kaplan–Meier estimated impending relapse rate at week 26 (primary study endpoint, ITT population: aripiprazole 400 mg: 7.12%; oral aripiprazole: 7.76%; aripiprazole 50 mg: 21.80%) was similar to week 26 in the per protocol results (i.e. for observed impending relapse rates, aripiprazole 400 mg: 6.79%; oral aripiprazole: 7.14%; aripiprazole 50 mg: 18.32%).

Lastly, we trust that readers of the *BJPsych* do not base their treatment decisions on 'superficial reading'.

1 Fleischhacker WW, Sanchez R, Perry PP, Jin N, Peters-Strickland T, Johnson BR, et al. Aripiprazole once-monthly for treatment of schizophrenia: a double-blind, randomised, non-inferiority study. *Br J Psychiatry* 2014; **205**: 135–44.

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Corrections

Effects of a novel schizophrenia risk variant rs7914558 at *CNNM2* on brain structure and attributional style. *BJP*, **204**, 115–121. The authors named the risk allele at this locus as being the 'A' allele. The risk allele should have been named as the major 'G' allele. The mistake in naming the risk allele at this locus does not otherwise affect the results or their interpretation.

Relationship of suicide rates to economic variables in Europe: 2000–2011. *BJP*, **205**, 486–496. The 31st author's name is Ole Andreassen. The misspelling of this author's name has been corrected post-publication, in deviation from print and in accordance with this correction.

Recovery-focused cognitive-behavioural therapy for recent-onset bipolar disorder: randomised controlled pilot trial. *BJP*, **206**, 58–66. The curves in Fig. 3 were printed incorrectly as identical to those in Fig. 2. The correct figures are reproduced below.

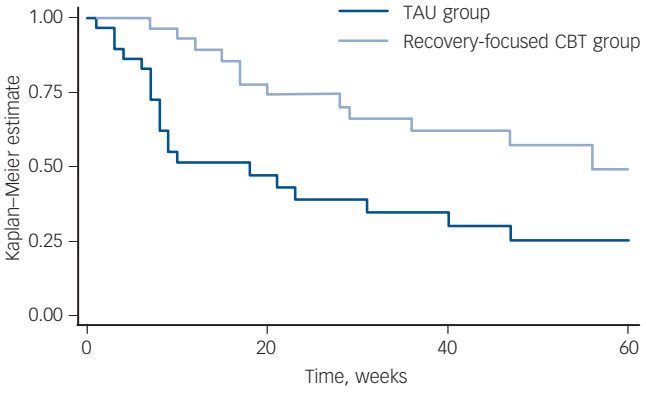

Fig. 2 Kaplan–Meier estimates of time to first depressive or manic recurrence over up to 60 weeks follow-up.

TAU, treatment as usual; CBT, cognitive–behavioural therapy.

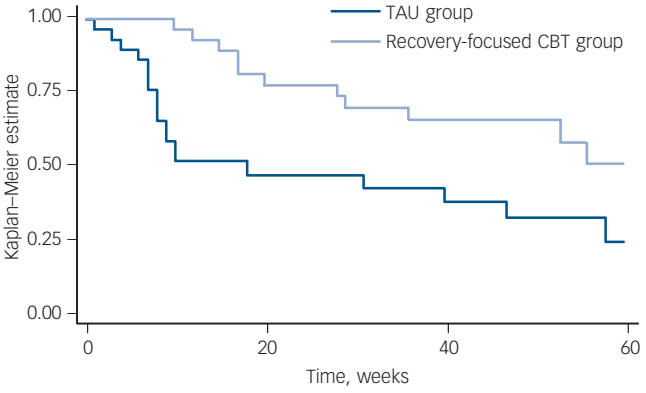

Fig. 3 Kaplan–Meier estimates of time for depressive recurrence over up to 60 weeks follow-up.

TAU, treatment as usual; CBT, cognitive–behavioural therapy.

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