

## Erratum to: Effect of Aripiprazole on Verbal Memory and Fluency in Schizophrenic Patients

### Results from the ESCAPE Study

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A Published-Ahead-of-Print version of this article was made available online at <http://adisonline.com/cnsdrugs/toc/publishahead> on 24 September 2012. Errors were subsequently identified in the article, and the following corrections should be noted:

The online version of the original article can be found under doi:10.1007/s40263-012-0003-4.

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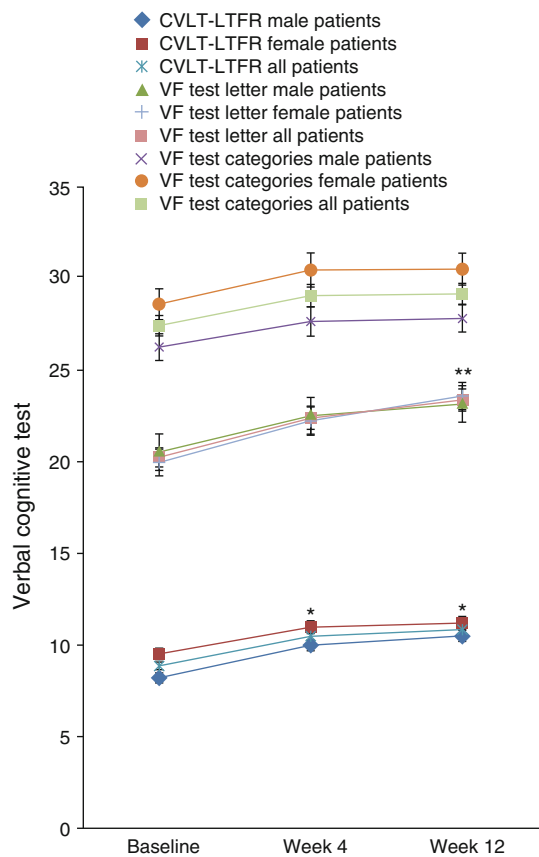
Table 2, 'intolerability' row: The cell entry in column 2, which previously read: "9 (2.9)" has been moved to the 'other' row immediately above. The intolerability row should be empty.

In Fig. 1, A single asterisk, to indicate a *p*-value of less than 0.0001 compared with baseline, has been added to two positions, at week 4 and week 12, for the California Verbal

**Table 2** Primary reason for initiating or switching to aripiprazole

Category	n (%)
No antipsychotic in past	11 (3.1)
Antipsychotic in past but not currently	35 (9.7)
Currently taking antipsychotic	315 (87.3)
Lack of efficacy	
Positive symptoms	78 (24.7)
Negative symptoms	70 (22.2)
Other	9 (2.9)
Intolerability	
Somnolence	23 (7.3)
Weight gain	57 (18.0)
Prolactin elevation	8 (2.5)
Akathisia	3 (1.0)
Other EPS	8 (2.5)
Lipid abnormality	3 (1.0)
Glucose abnormality	4 (1.3)
Other	9 (2.9)
Other	
Cognition	11 (3.5)
Energy	25 (7.9)
Mood	5 (1.6)
Other	3 (1.0)
No reason reported	34 (10.5)

EPS extrapyramidal symptoms



**Fig. 1** Effectiveness of aripiprazole on verbal cognitive function over visits. *CVLT* California Verbal Learning Test, *LTFR* long term free recall, *VF* verbal fluency; \* $p < 0.0001$ , \*\* $p = 0.0289$

Learning Test-long term free recall data. A double asterisk, to indicate a  $p$ -value of 0.0289, has been inserted at week 12 for the verbal fluency letter data.