

We would concur with Dr Bhavsar that the use of confidence intervals (which were indeed based on Poisson standard errors) in this situation may not have been strictly necessary. However, they do attempt to communicate some of the uncertainty regarding the estimates of incidence. We also agree that in this study most of this uncertainty will be due to the degree of completeness of case ascertainment using the surveillance design, rather than variability in the disease process.

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- 2 Hanson DR, Gottesman II. The genetics, if any, of infantile autism and childhood schizophrenia. *J Autism Child Schizophr* 1976; **6**: 209–34.
- 3 Nicolson R, Brookner FB, Lenane M, Gochman P, Ingraham LJ, Egan MF, et al. Parental schizophrenia spectrum disorders in childhood-onset and adult-onset schizophrenia. *Am J Psychiatry* 2003; **160**: 490–5.
- 4 Kelleher I, Connor D, Clarke MC, Devlin N, Harley M, Cannon M. Prevalence of psychotic symptoms in childhood and adolescence: a systematic review and meta-analysis of population-based studies. *Psychol Med* 2012; **42**: 1857–63.

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Correction

Effect of duration of psychological therapy on recovery and improvement rates: evidence from UK routine practice. *BJP*, 2007, 115–122. The title of the paper was incorrectly amended by the publisher; no inference of effect was possible from the observational data reported and the paper should have been titled: Duration of psychological therapy: relation to recovery and improvement rates in UK routine practice. Figure 1, p. 117: the reported sample n following age exclusion was 630 too low; a corrected Fig. 1 appears alongside. This affects data reported regarding age exclusion under 'Selection of patients' (p. 116), where 385 rather than 1015 were excluded. The online version of this paper has been corrected post-publication, in deviation from print and in accordance with this correction.

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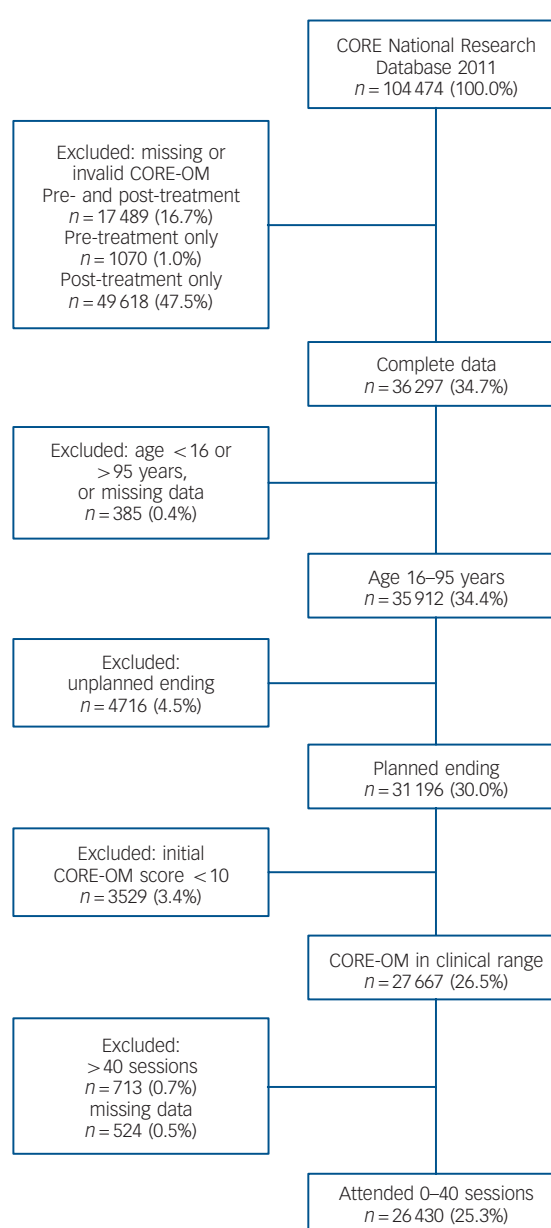


Fig. 1 Selection of patients from the Clinical Outcomes in Routine Evaluation (CORE) database. CORE-OM, CORE Outcome Measure.