

Fifth, we reported the average percentages of time that participants in each group took other antipsychotic medications or resumed the original medication during the follow-up period, rather than the percentages of individuals in each group on any treatment regimen at 9-year follow-up. Therefore, the results (55% for the chlorpromazine group and 73% for the clozapine group) represent averages over the entire 7-year period, rather than cross-sectional results at the 9-year follow-up time point. The clinical status of these patients over the entire 9 years of the study were reported in detail in the article, both in terms of symptom measures, functional status, global clinical status, medication status, side-effects, remission status and status in the study (i.e. still in the study or dropped out).

Finally, we agree that individuals with schizophreniform disorder are likely to have better outcomes than individuals with schizophrenia, by definition. However, all diagnoses were

randomly and equally assigned to the two treatment groups. Therefore, including this diagnosis is unlikely to have affected the between-group outcomes of this study.

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- 2 Lachin JM. Statistical considerations in the intent-to-treat principle. *Control Clin Trials* 2000; **21**: 167–89.
- 3 Breitborde NJK, Srihari VH, Woods SW. Review of the operational definition for first-episode psychosis. *Early Interv Psychiatry* 2009; **3**: 259–65.

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## Corrections

Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *BJP*, **199**, 459–466. The following should be included in the Results paragraph of the summary, p. 459: Suicide attempts/plans showed a 36% reduction over 12 months (RR=0.64, 95%CI 0.42–0.98) among baseline ICD-10 cases. Strong effects were observed on days out of work and psychological morbidity, and modest effects on overall disability.

The online version of this paper has been corrected post-publication, in deviation from print and in accordance with this correction.

Clozapine and bladder control (letter). *BJP*, **199**, 518–519. The author of this letter is: Yatan Balhara, Department of Psychiatry, Lady Hardinge Medical College and Smt. SK Hospital, New Delhi, India 110001. Email: ypsbalhara@gmail.com.

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