Although we recognize that discontinuation symptoms can be challenging, the alternative of not prescribing antidepressant medications is also not a viable option for those who are likely to benefit. The need for carefully well-designed clinical trials specifically addressing discontinuation cannot be overemphasized. For example, in a recent review article, Horowitz and Taylor argue that taper should be even slower and that the minimum medication dosage preceding discontinuation should be much lower than the therapeutic minimum in order to prevent the occurrence of discontinuation symptoms (6). Such strategies need to be tested prospectively. To get an accurate assessment of prevalence and duration of discontinuation symptoms in clinical practice, large naturalistic studies are needed where patients with depression are enrolled and followed prospectively as they get care during routine clinical care (e.g., ClinicalTrials.gov identifier: NCT02919280). Furthermore, measurement-based practice of systematically assessing discontinuation symptoms and documenting these in clinical practice may facilitate survey of these symptoms through electronic health records (e.g., ClinicalTrials.gov identifier: NCT02697487), which will likely prove to be more accurate than web-based surveys as cited by Hengartner et al. from the Davies and Read article.

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Correction to Attia et al.

When the article "Olanzapine Versus Placebo in Adult Outpatients With Anorexia Nervosa: A Randomized Clinical Trial," by Evelyn Attia et al. (doi: 10.1176/appi.ajp.2018.18101125) was published online on January 18, 2019, in the Results section, the standard errors listed for BMI increase and for the shape concerns subscale of the Epidemiologic Studies Depression Scale were mislabeled as standard deviations, and median olanzapine plasma levels were listed in place of mean values. These errors were corrected and the article was reposted on April 11, 2019.

Correction to Kwako et al.

When the article "Neurofunctional Domains Derived From Deep Behavioral Phenotyping in Alcohol Use Disorder," by Laura E. Kwako et al. (doi: 10.1176/appi.ajp.2018.18030357) was published online on January 4, 2019, the coding for male and female was reversed. Footnote c in Table 3 should have read "0=female, 1=male," and the second sentence in the section on the MIMIC analysis in the Results section should have read "Predictors of higher scores for negative emotionality included alcohol use disorder, being male, emotional abuse, sexual abuse, and the emotional neglect subscales of the Childhood Trauma Questionnaire." These corrections were made and the article was reposted on April 12, 2019.