

In the article “What Happened to Lithium? Antidepressant Augmentation in Clinical Settings” (Am J Psychiatry 2006; 163:1219–1225), Table 1 (p.1221) contained errors in the presentation and prevalences of antidepressant-antidepressant augmentation strategies. A revised table with an alternate title to more clearly reflect the denominators used for calculating percentages appears below.

TABLE 1. Preferred Augmentation Strategies for Patients Receiving Antidepressant-Antidepressant Augmentation (N=26,739) and for Patients Receiving Antidepressant-Antipsychotic Augmentation (N=17,797)

Antidepressant Augmentation Strategy	N	%
Preferred antidepressant-antidepressant augmentation strategies (N=26,739)		
Bupropion-sertraline	2,010	7.5
Bupropion-citalopram	1,927	7.2
Bupropion-fluoxetine	1,704	6.4
Bupropion-paroxetine	1,283	4.8
Sertraline-mirtazapine	935	3.5
Citalopram-mirtazapine	852	3.2
Bupropion-mirtazapine	804	3.0
Sertraline-trazodone	793	2.9
Venlafaxine-bupropion	758	2.8
Preferred antidepressant-antipsychotic augmentation strategies (N=17,797)		
Sertraline-risperidone	1,465	8.2
Sertraline-olanzapine	1,119	6.3
Citalopram-risperidone	1,060	6.0
Citalopram-quetiapine	929	5.2
Sertraline-quetiapine	907	5.1
Citalopram-olanzapine	852	4.8
Paroxetine-risperidone	765	4.3
Fluoxetine-olanzapine	762	4.3
Fluoxetine-risperidone	738	4.2
Bupropion-risperidone	699	3.9

Also, in the third paragraph of the Results section, the second and third sentences should read as follows: “Bupropion and sertraline were the most frequently appearing antidepressants in combined antidepressant augmentation strategies. Bupropion appeared in 10,279 (38%) of all antidepressant-antidepressant combinations and sertraline appeared in 6,727 (25%).”