They also seem to consider the correlational findings of in-session processes as strong evidence for how therapies work. Many hundreds of studies have indeed found associations between improvement in patients and characteristics of the therapy. However, because these are only uncontrolled and correlational findings, they cannot be considered as causal evidence. If these processes were as well understood as Kazantzis and Hofmann assume, one would wonder why the overall low response rates to treatments have not improved over time and a relatively small number of patients benefit from them.

As argued in my Viewpoint, substantial progress has been made in the past decades in the research and development of treatments for depression. However, it is also time to recognize that these treatments have limitations and that focused approaches are needed to further reduce the huge disease burden of depression.

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**CORRECTION**

Numerical Errors and Addition of a Sentence: In the Original Investigation entitled “Association of Genetic Variants in NUDT75 With Thiopurine-Induced Myelosuppression in Patients With Inflammatory Bowel Disease,” published in the February 26, 2019, issue of JAMA, there were numerical errors. In the Results section, Estimated Potential Clinical Effectiveness subsection, second paragraph, the second sentence should be “For every 10 000 patients genotyped, 996 would test positive for a TPMT variant and need to receive an alternative therapy to prevent TIM in 81 patients (95% CI, 43-133 patients).” Immediately after, the following should be added: “Genotyping 10 000 patients for TPMT would prevent 81 cases of TIM, which is 123 genotyped for every case prevented.” This article was corrected online.


**Error in the Introduction:** The Research Letter entitled “Trends in First Gabapentin and Pregabalin Prescriptions in Primary Care in the United Kingdom, 1993-2017,” published in the November 27, 2018, issue of JAMA, included an error in the introduction that indicated that gabapentin is approved for migraine and generalized anxiety disorders. The Introduction has been corrected and now indicates that gabapentin and pregabalin are approved for epilepsy and neuropathic pain. Gabapentin is indicated, but not approved, for migraines, and pregabalin is approved for generalized anxiety disorders in the United Kingdom. (All other information in the Introduction was correct and is unchanged.) This article has been corrected online.


**Data Error:** The Original Investigation entitled “Effect of Lanadelumab Compared With Placebo on Prevention of Hereditary Angioedema Attacks: A Randomized Clinical Trial,” published in the November 27, 2018, issue of JAMA, had a data error. In the Antidrug Antibodies subsection of the Results, the upper limit of the range of treatment-emergent antidrug antibodies should have been 1280. This article has been corrected online.


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