


CORRECTION

Incorrect Values in Table 4: In the Original Investigation entitled “Comparisons of Interventions for Preventing Falls in Older Adults: A Systematic Review and Meta-analysis,” published in the November 7, 2017, issue of JAMA, an incorrect absolute risk differences (ARDs) were reported in several places. In the Results sections of the Abstract and the text, the data reported for exercise should have read “ARD, −0.12 (95% CI, −0.20 to −0.05);” for combined exercise and vision assessment and treatment, “ARD, −0.38 (95% CI, −0.53 to −0.22);” for combined exercise, vision assessment and treatment, and environmental assessment and modification, “ARD, −0.23 (95% CI, −0.39 to −0.10);” and for combined clinic-level quality improvement strategies, multifactoral assessment and treatment, calcium supplementation, and vitamin D supplementation, “ARD, 0.17 (95% CI, 0.33 to 0.00).” The ARD for “a network meta-analysis restricted to 11 randomized clinical trials involving 3830 patients who had fallen previously and examining 9 interventions plus usual care found that the combination of clinic-level quality improvement strategies, multifactoral assessment and treatment, calcium supplementation, and vitamin D supplementation was associated with fewer injurious falls than usual care” should have read “ARD, −0.12 (95% CI, −0.20 to −0.05).” In the sensitivity analysis in which no intervention was associated with a lower risk of injurious falls compared with usual care, the data should have read “ARD, −0.08 (95% CI, −0.17 to 0.00).” In the Number of Fallers section, the data should have read “ARD, −0.03 (95% CI, −0.07 to 0.00) for exercise; ARD, −0.07 (95% CI, −0.13 to −0.01) for combined exercise, patient-level quality improvement strategies, clinic-level quality improvement strategies, and multifactoral assessment and treatment; ARD, −0.15 (95% CI, −0.28 to −0.03) for combined exercise, patient-level quality improvement strategies, hip protectors, and environmental assessment and modification; ARD, −0.13 (95% CI, −0.28 to 0.01) for combined patient-level quality improvement strategies, clinic-level quality improvement strategies, dietary modifications, calcium supplementation, and vitamin D supplementation; ARD, −0.21 (95% CI, −0.37 to −0.05) for combined orthotics and exercise; and ARD, 0.19 (95% CI, 0.06 to 0.32)” for combined exercise, patient-level quality improvement strategies, and social engagement. In the Fractures section, the data should have read “ARD, −0.11 (95% CI, −0.17 to −0.05)” for combined osteoporosis treatment. In the Hip Fractures section, the data should have read “ARD, −0.08 (95% CI, −0.13 to −0.03)” for combined osteoporosis treatment, calcium supplementation, and vitamin D supplementation. In Table 4, all ARDs in the last column were incorrect and should read as follows (listed in the same vertical order as shown in the table): ARD, −0.13 (95% CI, −0.22 to −0.05); ARD, −0.13 (95% CI, −0.22 to −0.05); ARD, −0.14 (95% CI, −0.23 to −0.05); ARD, −0.14 (95% CI, −0.23 to −0.04); ARD, 0.05 (95% CI, −0.17 to 0.27); ARD, −0.08 (95% CI, −0.17 to 0.02); ARD, −0.38 (95% CI, −0.55 to −0.21); ARD, −0.35 (95% CI, −0.52 to −0.19); ARD, −0.38 (95% CI, −0.57 to −0.20); ARD, −0.24 (95% CI, −0.40 to −0.07); ARD, −0.21 (95% CI, −0.38 to −0.04); ARD, −0.24 (95% CI, −0.43 to 0.03). The authors further state that the odds ratios were all accurate and this correction does not change the overall findings of the study. Values were also corrected in eTable 5 in the online Supplement. This article was corrected online.


Guidelines for Letters

Letters discussing a recent JAMA article should be submitted within 4 weeks of the article’s publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the JAMA article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing. Further instructions can be found at http://jamanetwork.com/journals/jama/pages/instructions-for-authors. A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment are required before publication. Letters should be submitted via the JAMA online submission and review system at https://manuscripts.jama.com. For technical assistance, please contact jama-letters@jamanetwork.org.

Section Editor: Jody W. Zylke, MD, Deputy Editor.