Error in Coding of Questionnaire Scale in Studies of Children and Adolescents Following Parental Death

To the Editor On behalf of our coauthors, we are writing to report errors in our articles “Antecedents and Sequelae of Sudden Parental Death in Offspring and Surviving Caregivers” published in the May 2008 issue, and “Effect of Parental Bereavement on Health Risk Behaviors in Youth: A 3-Year Follow-up” published in the March 2012 issue of JAMA Pediatrics (then Archives of Pediatrics and Adolescent Medicine).1,2

In the first article,1 we examined the psychiatric antecedents that put parents at risk for early death and the psychological sequelae of bereavement in offspring and caregivers. We found that bipolar disorder, substance abuse, and personality disorders were more common in parents who died of suicide or unintentional death than in control parents. Bereaved offspring and their caregivers were at increased risk for depression and posttraumatic stress disorder.

In the second article,2 we presented the findings of a 3-year follow-up after parental death and the course of health risk behaviors in bereaved offspring. We found a higher risk of health risk behaviors in the bereaved group (vs nonbereaved controls).

While working on a different manuscript from this study, we became aware that our coding of the Suicidal Ideation Questionnaire-Jr was incorrect. The questionnaire consists of 15 items, each scored on a 7-point scale ranging from 0 (“I never had this thought”) to 6 (“Almost every day”). A total score ranging from 0 to 90 is calculated as the sum of each item. Clinically significant suicidal ideation is defined as a total score of 31 or higher. In our database, we instead coded each item on a scale from 1 to 7, which inflated the total score by 15 points. Therefore, the means we reported are incorrect.

Corrections to address this coding error affect data in Tables 3 and 4 in the first article1 and data in Tables 1 and 2 in the second article.2 These errors did not affect the conclusions or interpretations of the study.

We apologize to the journal and readers for the errors. We appreciate the opportunity to correct the data in our studies.3

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CORRECTION

Unclear wording in Figure: In the Patient Page “The Pediatric Clinic Team,” published in the September 2019 issue, there was unclear wording in the Figure. The last bullet point in the illustration of front desk staff should have been “Provide visit summary and schedule follow-ups.” This article was corrected online.


Errors in Abstract and Figure: In the Original Investigation titled “Effect of Docosahexaenoic Acid Supplementation vs Placebo on Developmental Outcomes of Toddlers Born Preterm: A Randomized Clinical Trial,” there were errors in the Abstract and Figure regarding the numbers of children assessed and excluded. When the authors generated the original Figure, they used a database created in Microsoft Access that tracked recruitment status for each family potentially eligible for the trial. However, they recently realized when using the database for another purpose that a database filter had been in place such that a subset of families was not displayed when tallying a few of the sums that appear near the top of the Figure. The Figure should indicate that 4142 children were assessed for eligibility and 3765 were excluded (927 not meeting inclusion criteria, 1172 declined to participate, and 1666 other reasons including unable to locate, nonresponsive, and no show to first visit). Also, the second to last sentence in the “Design, Setting, and Participants” paragraph of the abstract should read as follows: “Of 4142 children assessed, 1549 were eligible, 1172 declined, and 377 enrolled and were randomized.” This article was corrected online.