drawn or the study conclusions, but it did affect (by 1) the cell sizes reported in Figures 2 and 3 and the exact values of the tests reported (usually only at the level of the second decimal place). The correct values were reported in the original Table.

In addition, in the original Table, the number of patients who met criteria for chronic depression was undercounted by 13 and the number who met criteria for recurrent depression was undercounted by 5. The correct values are 172 of 452 (38.1%) with chronic depression and 381 (84.3%) with recurrent depression. In each instance, the evaluator had neglected to check the box for chronic or recurrent depression when entering the patient information into our automated data entry system but did record the length and number of the episode correctly. Given that we used episode length and number in our computations, underreporting the number of patients with chronic and recurrent depression in the Table did not affect any of the statistical analyses.

Also, in the original Table, we misreported numbers of patients for 3 other characteristics: those unemployed, with prior use of antidepressants, and with other Axis I disorders. We had overreported the number of patients who were unemployed as 140 (31%) but the correct number is 65 (14.4%). We had underreported the number of patients exposed to prior antidepressant medications by inadvertently excluding several types of antidepressants. We had reported 303 (67.0%) with prior use of antidepressants, but the correct number is 395 (87.4%). The reported numbers of patients comorbid with other Axis I disorders were undercounted by 2. We had reported 226 (50%), but the correct number is 228 (50.4%). None of those errors affected any of the analyses or the inferences in the published article.

We apologize to the journal and its readers for the errors that were present in our original publication, and we appreciate the action taken by the reader who alerted us to the undercounts in the Table just described that prompted our complete review of the data, analyses, and conclusions. The relevant data and findings have now been corrected, and the Abstract, text, Table, and Figures 1, 2, and 3 in our article have been corrected and replaced online with a new supplement that includes a version of the original retracted article showing the original errors and a version of the replacement article showing what was corrected.

Steven D. Hollon, PhD
Robert J. DeRubeis, PhD
Jan Fawcett, MD

Jay D. Amsterdam, MD
Richard C. Shelton, MD
John Zajecka, MD
Paula R. Young, PhD
Robert Gallop, PhD

Author Affiliations: Department of Psychology, Vanderbilt University, Nashville, Tennessee (Hollon); Department of Psychology, University of Pennsylvania, Philadelphia (DeRubeis); Department of Psychiatry, University of New Mexico, Albuquerque (Fawcett); Department of Psychiatry, University of Pennsylvania, Philadelphia (Amsterdam); Department of Psychology, Vanderbilt University, Nashville, Tennessee (Shelton); Currently with the Department of Psychiatry, University of Alabama, Birmingham (Shelton); Department of Psychiatry, Rush University, Chicago, Illinois (Zajecka, Young); Department of Mathematics and Applied Statistics, West Chester University, West Chester, Pennsylvania (Gallop).

Corresponding Author: Steven D. Hollon, PhD, Department of Psychology, Vanderbilt University, 306 Wilson Hall, Nashville, TN 37203 (steven.d.hollon@vanderbilt.edu).


Conflict of Interest Disclosures: At the time of publication, Dr Shelton reported being a consultant to Bristol-Myers Squibb, Cerecor Inc, Cyberonics Inc, Forest Pharmaceuticals, Janssen Pharmaceutical, Medtronic Inc, Naurex Inc, Pamlab, Pfizer Inc, Ridge Diagnostics, Shire Plc, and Takeda Pharmaceuticals and receiving grant or research support from Assurex Health, Bristol-Myers Squibb, Eli Corp, Forest Pharmaceuticals, Janssen Pharmaceutical, Jazz Pharmaceuticals, Naurex Inc, Novartis Pharmaceuticals, Otsuka Pharmaceuticals, Pamlab, and Takeda Pharmaceuticals. Dr Zajecka reported receiving grant or research support from Alkermes, Allergan, AstraZeneca, Cyberonics, Euthymics, ElMindA, Forest Pharmaceuticals, the Cheryl T. Herman Foundation, Hoffman-LaRoche, Naurex Inc, Otsuka, the National Institutes of Health, Shire Plc, and Takeda Pharmaceuticals; serving as a consultant or on the advisory board of Abbvie, Avarin (Depression Data Safety Monitoring Board), Eli Lilly & Company, Forest Pharmaceuticals, Lundbeck, Pamlab, Shire Plc, and Takeda Pharmaceuticals; and receiving other financial support from the Cheryl T. Herman Foundation. No other disclosures were reported.


CORRECTION

Incorrect Author Name in the Byline: In the Original Investigation entitled “Association of Vitamin B12, Folate, and Sulfur Amino Acids With Brain Magnetic Resonance Imaging Measures in Older Adults: A Longitudinal Population-Based Study,” published online April 27, 2016, and in this issue of JAMA Psychiatry,1 an author’s name was given incorrectly in the byline. The sixth author’s name, which appeared as “David Smith, PhD,” has been corrected to “A David Smith, PhD.” This article was corrected online and in the print issue.