CORRECTION to

[**Standardised Mindfulness-Based Interventions in Healthcare: An Overview of Systematic Reviews and Meta-Analyses of RCTs**](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0124344)
Gotink RA, Chu P, Busschbach JJV, Benson H, Fricchione GL, et al. (2015) Standardised Mindfulness-Based Interventions in Healthcare: An Overview of Systematic Reviews and Meta-Analyses of RCTs. PLOS ONE 10(4): e0124344. <https://doi.org/10.1371/journal.pone.0124344>

In our published review paper we presented a systematic overview of 23 systematic reviews and pooled results from the 8 (of the 23) reviews that reported meta-analyzed standardised mean differences (SMD) of five outcomes. Since we combined data from meta-analyses instead of individual trials, double counting occurred because some original RCT’s were included in more than one meta-analysis which could have led to biased results. A priori we set the maximum of double counting in the meta-analyses at 10% per outcome and excluded reviews that reported duplicate data until the predefined limit was reached. In the interest of transparency we clarified our approach in the Methods section and included a supplementary table that identified the double included RCTs per pooled outcome (supplement [S3 Table](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0124344#pone.0124344.s004)). On re-evaluation of the data we found two errors: in the supplementary table the two RCT’s from the Veehof 2011 meta-analysis were inadvertently not listed and in Figure 1 we had inadvertently included in our pooled estimates of anxiety the meta-analyses of Cramer 2012 and Galante 2012 which led to double-counting beyond our predefined maximum.

The table below indicates the number of included RCT’s per outcome, the number of unique RCT’s, the number double counted, the smallest and largest mean effect size from the published meta-analyses, our previously reported pooled estimates for depression, stress, quality of life, and physical functioning, and the revised pooled estimate for anxiety.

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| --- | --- | --- | --- | --- | --- | --- |
| Meta-analysis on | Number of RCT’s included in meta-analysis | Number of unique RCT’s included  | Number double counted RCT’s | Smallest mean effect size from the published meta-analyses(SMD, 95% CI) | Largest mean effect size from the published meta-analyses(SMD, 95% CI) | Our pooled estimates(SMD, 95% CI)) |
| Depression | 34 | 33 | 1 | -0.26 (-0.48, -0.04) | -0.44 (-0.64, -0.24) | -0.37 (-0.45, -0.28) |
| Anxiety | 35 | 32 | 3 | -0.37 (-0.49, -0.25) | -0.73 (-1.00, -0.46) | -0.49 (-0.60, -0.38)\* |
| Stress | 23 | 23 | 0 | -0.38 (-0.65, -0.11) | -0.56 (-0.68, -0.44) | -0.51 (-0.67, -0.36) |
| Quality of life | 8 | 8 | 0 | -0.25 (-0.58, 0.08) | -0.57 (-0.97, -0.17) | -0.39 (-0.70, -0.08) |
| Physical functioning | 17 | 16 | 1 | -0.17 (-0.41, 0.07) | -0.43 (-0.82, -0.04) | -0.27 (-0.42, -0.12) |

\*Revised estimate
SMD: standardized mean difference, all expressed such that a negative sign indicates improvement
CI: confidence interval

All our pooled estimates are well within the range of estimates from the published meta-analyses. The revised pooled estimate for anxiety is practically the same as the previously reported one with only a slightly wider CI. Pooling the results from the meta-analyses led to narrower 95% confidence intervals (CI) than those of the published meta-analyses mainly because of the increased power with an increased number of RCT’s. Due to some double counting these pooled estimates may underestimate the degree of uncertainty in the result. Our pooled estimates and CI’s for the outcomes stress and quality of life are valid since there was no double counting for these two outcomes. For depression and anxiety all but one published meta-analysis indicated significant improvement consistent with our pooled estimates. (One meta-analysis evaluating anxiety could not demonstrate significance but this analysis included only 2 small RCT’s and thus had too little power to demonstrate significance). For the outcome physical functioning, one previously published meta-analyses reported a lower non-significant effect whereas the other two indicated a significant improvement.

All-in-all our conclusion remains unchanged: the results indicate a beneficial effect of mindfulness.

M. G. Myriam Hunink, MD, PhD

Rinske A. Gotink, MSc, PhD

Erasmus MC, Rotterdam

Nov 14, 2018