

## Erratum

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Lee J, Takeuchi H, Fervaha G, Sin GL, Foussias G, Agid O, Farooq S, Remington G. Subtyping schizophrenia by treatment response: antipsychotic development and the central role of positive symptoms. *Can J Psychiatry*. 2015;60(11):515-522. Original DOI: 10.1177/070674371506001107.

In Table 2 of the above article, in “Proposed criteria for clozapine resistance” for “Current illness severity,” the CGI-SCH positive was stated as “> 4” but it should be “CGI-SCH positive  $\geq$  4.” The corrected table is below.

**Table 2.** Comparison of published and proposed criteria for clozapine resistance in schizophrenia.

Published criteria	Mouaffak et al <sup>25</sup>	Proposed criteria for clozapine resistance
Adequate dose	Plasma levels > 350 ng/mL	Plasma levels <sup>a</sup> $\geq$ 350 ng/mL for once a day dosing; $\geq$ 250 ng/mL for equal divided dosing, or oral dose $\geq$ 400 mg a day <sup>b</sup>
Adequate duration, weeks	8	8, at adequate dose <sup>c</sup>
No significant improvement	<20% decrease on BPRS	CGI-SCH positive change > 2 (2 = much improved)
Current illness severity	BPRS $\geq$ 45, CGI-S $\geq$ 4, and $\geq$ 4 on at least 2 out of 4 positive items on the BPRS	CGI-SCH positive $\geq$ 4 (4 = moderately ill)
Duration of illness with no good functioning, years	5	

BPRS = Brief Psychiatric Rating Scale; CGI-S = Clinical Global Impression–Severity; CGI-SCH = Clinical Global Impression–Schizophrenia.

<sup>a</sup>Plasma levels should be taken after 5 days of unchanged clozapine dosing and 12 hours from last clozapine dose.

<sup>b</sup>A daily clozapine dose of 400 mg has been shown to achieve a threshold of 350 ng/mL in various trials, and lies within the dose range advocated for by a field of experts for acute and maintenance treatment.<sup>64-66</sup>

<sup>c</sup>A study identified all clozapine responders within 8 weeks of a change in dose, indicating no increased benefits with continuing people on a particular dose longer to establish benefits.<sup>67</sup>