## What is already known on this topic

Onset of psychiatric disorders and risky sexual behaviour both peak in young adulthood

## What this study adds

A disproportionate burden of risk and disease associated with sexual behaviour is borne by young people with psychiatric problems

Depression, substance dependence, antisocial personality, mania, and schizophrenia spectrum are associated with risky sexual behaviour and sexually transmitted diseases

Psychiatric comorbidity increases the likelihood of sexual risk taking

found among young adults in the United States and United Kingdom,[12 20] thereby lending confidence to the generalisability of the data. The results show that the most common psychiatric disorders in young people (substance dependence and depression) are the disorders that are linked to sociosexual problems. The findings highlight the need to coordinate sexual medicine with mental health services in the treatment of young people. Awareness of this potential comorbidity may also assist with prevention strategies. Moreover, early detection will be facilitated if practitioners are aware that risky sexual behaviour may be associated with mental health problems.

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Contributors: SR participated in the study design, analysed and interpreted the data, and wrote the first draft of the paper. AC coordinated the collection of the mental health data, participated in the study design, and assisted with the analysis and interpretation of the data and writing of the paper. ND coordinated the collection of the sexual health data, participated in the study design, and critically edited the paper. TEM coordinated the collection of the mental health data, participated in the study design, and assisted with the interpretation of the data and writing of the paper. CP participated in the design of the study, provided advice on interpretation of the results, and revised the paper. SR, AC, and ND are guarantors of the study.

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### Corrections and clarifications

*Prospective investigation of transfusion transmitted infection in recipients of over 20 000 units of blood*
In this article by Fiona A M Regan and colleagues (12 February, pp 403-6), the time span of the study was not clear. In the second sentence of the Methods section, the dates given should have included the years (1 August 1991 to 31 May 1996).

*ABC of arterial and venous disease: swollen lower limb (part 1—general assessment and deep vein thrombosis)*
Two errors occurred in this article by W Peter Gorman and colleagues (27 May, pp 1453-6). In the algorithm (p 1454), a small but important word ("or") was missing: the right hand arrow from the box "Consider clinical probability" should go to "Moderate or high" (not just "High"). Under the section on treatment (p 1455) the fifth sentence of the second paragraph should read: "The activated partial thromboplastin time should be checked six hourly until the target is reached and then daily to maintain the ratio [not the international normalised ratio] of activated partial thromboplastin time to control at 1.5 to 2.5."

*Measuring performance in the NHS: what really matters?*
A small typographical error crept into this article by John Appleby and Andrew Thomas (27 May, pp 1464-7). In the second paragraph in the box entitled "Healthcare resource groups" the second sentence should have started: "For example, category H17 is 'soft tissue or other bone procedures …' " (not "soft tissue for bone procedures").