ERRATA

Pringsheim T, Panagiotopoulos C, Davidson J, and Ho J for the CAMESA guideline group. Evidence-Based Recommendations for Monitoring Safety of Second Generation Antipsychotics in Children and Youth. *J Can Acad Child Adolesc Psychiatry*. 2011;20(3):225, 230. Tables 3 and 4. URL for Appendices.

It has come to the authors' attention that the wrong footnotes were published for Table 3 (p 225). The correct footnotes appear below.

Table 3. Monitoring summary table: laboratory tests *continued*

	Antipsychotic	Baseline	3 months	6 months	12 months
ALT:	Risperidone	WEAK 3	Not recommended	WEAK 2B[3]	WEAK2B[3]
	Olanzapine	STRONG 1A	STRONG 1A	STRONG 1C	WEAK 3[3]
	Quetiapine	WEAK 3	WEAK 3[3]	WEAK 3[3]	WEAK 3[3]
	Aripiprazole	WEAK 3[3]	Not recommended	WEAK 3[3]	WEAK 3[3]
	Clozapine	WEAK 3	WEAK 3[3]	WEAK 3[3]	WEAK 3[3]
	Ziprasidone	WEAK 3	Not recommended	WEAK 3[6]	WEAK 3[4]
Prolactin:	Risperidone	STRONG 1A	STRONG 1A	WEAK2A[1]	WEAK 3[1]
	Olanzapine	STRONG 1A	STRONG 1A	WEAK 3[1]	WEAK 3[1]
	Quetiapine	WEAK 3	Not recommended	Not recommended	Not recommended
	Aripiprazole	WEAK 3	Not recommended	Not recommended	Not recommended
	Clozapine	WEAK 3	Not recommended	Not recommended	Not recommended
	Ziprasidone	WEAK 2B	Not recommended	WEAK 2B	WEAK 3[1]
Thyroid stimulating hormone (TSH):	Risperidone	Not recommended	Not recommended	Not recommended	Not recommended
	Olanzapine	Not recommended	Not recommended	Not recommended	Not recommended
	Quetiapine	STRONG 1C	Not recommended	STRONG 1C	Not recommended
	Aripiprazole	Not recommended	Not recommended	Not recommended	Not recommended
	Clozapine	Not recommended	Not recommended	Not recommended	Not recommended
	Ziprasidone	Not recommended	Not recommended	Not recommended	Not recommended

1 Decision to measure prolactin at these time points may be based on the presence of clinical symptoms of hyperprolactinemia, such as menstrual irregularity, gynecomastia, or galactorrhea. If no symptoms of hyperprolactinemia are present, recommend monitoring of prolactin occur on a yearly basis.

2 If three month screening laboratory tests are normal, the BMI percentile has remained under the 85th percentile, and the waist circumference has remained at less than the 90th percentile, repetition of lab work for cholesterol, LDL-C, HDL-C and triglycerides can be made on a yearly basis.

3 Testing recommended in overweight or obese children.

4 If six month screening laboratory tests are normal, BMI remains below the 85th percentile and waist circumference remains below the 90th percentile, repetition of lab work for cholesterol, LDL-C, HDL-C and triglycerides can be made on a yearly basis.

5 Given the very limited data on abnormalities on laboratory tests of metabolic parameters at this time point, if child is not overweight, may consider deferring laboratory testing until the one year time point.

6 Given the paucity of long term data on ziprasidone in children,clinicians should consider doing laboratory testing for metabolic side effects at 6 months, especially if BMI percentile scores rise above the 85th percentile, or waist circumference increases above the 90th percentile.

Note: Due to the absence of data, paliperidone was not included in the evidence tables

Furthermore, in Table 4 (p 230), the row 'TSH (Quetiapine ONLY)' should be blank under the '6 month' column, and the row 'Prolactin' should be blank under the '3 month' column. The corrected Table 4 appears on the next page. It has also come to the authors' attention that the URL for appendices 1 to 8 to this article is misprinted on the following pages: 219, 220, 222, 226, 227 and 228. The correct URL is: http://www.cacap-acpea.org/uploads/documents//Monitoring_Guideline_Appendices.pdf. *The Journal of the Canadian Academy of Child and Adolescent Psychiatry* regrets the error and any inconvenience it might have caused.

Table 4. A practical tool for metabolic monitoring of children & youth treated with second-generation antipsychotics

Parameter		Pre-treatment Baseline	1 month	2 month	3 month	6 month	9 month	12 month
Assessment date								
Height (cm)[1]								
Height percentile								
Weight (kg)[1]								
Weight percentile								
BMI: (kg/m^2)[1]								
BMI percentile								
Waist circumference (At the level of the umbilicus)[2]								
Waist circumference percentile								
Blood pressure (mm/Hg)[3]								
Blood pressure percentile								
Neurological examination[4]		☐ completed	☐ completed	☐ completed	☐ completed	☐ completed	☐ completed	☐ completed
Laboratory evaluations:	Normal values							
Fasting plasma glucose	≤ 6.1 mmol/L[5]		NR	NR			NR	
Fasting insulin[6]	≤ 100 pmol/L[7]		NR	NR			NR	
Fasting total cholesterol	< 5.2 mmol/L		NR	NR			NR	
Fasting LDL-C	< 3.35 mmol/L		NR	NR			NR	
Fasting HDL-C	≥ 1.05 mmol/L		NR	NR			NR	
Fasting triglycerides	< 1.5 mmol/L		NR	NR			NR	
AST			NR	NR	NR		NR	
ALT			NR	NR	NR		NR	
TSH **(Quetiapine ONLY)**			NR	NR	NR		NR	
Prolactin[8]			NR	NR		NR	NR	
Other_____ (e.g. Amylase, A1C, OGTT etc.)[9]								
Physician Initials: ➔								

1 To determine height, weight and BMI percentiles, use age and sex specific growth charts at http://www.cdc.gov/growthcharts/.

2 To determine age and sex specific percentiles, go to http://www.idf.org/webdata/docs/Mets definition children.pdf (pages 18-19).

3 To determine age and sex specific percentiles, go to http://pediatrics.aappublications.org/cgi/content/full/114/2/S2/555.

4 Tools available for monitoring extrapyramidal symptoms include: Abnormal Involuntary Movement Scale (AIMS), Simpson Angus Scale, Extrapyramidal Symptom Rating Scale, Barnes Akathisia Rating Scale.

5 For FPG values of 5.6-6.0 mmol/L, consideration should be given to performing an oral glucose tolerance test (OGTT).

6 Note that this assessment is NOT recommended for aripiprazole or ziprasidone, but IS appropriate for all other SGAs.

7 For fasting insulin levels >100pmol/L, consideration should be given to performing an OGTT. Normal reference range may vary between centres.

8 Assessment of prolactin levels should be completed according to protocol except when the patient is displaying clinical symptoms of hyperprolactinemia (i.e. menstrual irregularity, gynecomastia, or galactorrhea), in which case more frequent monitoring may be warranted. Please also note that risperidone has the greatest effect on prolactin.

9 It is recommended that amylase levels be monitored in case where the patient presents with clinical symptoms of pancreatitis (i.e. abdominal pain, nausea, vomiting).

NR = not recommended