Correction to: Differentiating societal costs of disability worsening in multiple sclerosis

Nils-Henning Ness¹ · Dirk Schriefer¹ · Rocco Haase¹ · Benjamin Ettle² · Christian Cornelissen³ · Tjalf Ziemssen¹

Published online: 16 January 2020

© Springer-Verlag GmbH Germany, part of Springer Nature 2020

Correction to: Journal of Neurology

<https://doi.org/10.1007/s00415-019-09676-4>

The original version of this article unfortunately contained a mistake. The captions of Figs. 2 and 3 are mismatched.

The correct captions of Figs. 2 and 3 are given in the following page.

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s00415-019-09676-4>.

✉ Tjalf Ziemssen
Tjalf.Ziemssen@uniklinikum-dresden.de

¹ MS Center, Center of Clinical Neuroscience, Department of Neurology, University Hospital Carl Gustav Carus, Fetscherstr. 74, 01307 Dresden, Germany

² Novartis Pharma GmbH, Nuremberg, Germany

³ Siemens Healthineers AG, Erlangen, Germany

Fig. 2 Effects (IRR, 95% CI) of PIRA and RAW on the quarterly economic costs compared to DAF. PIRA increased the quarterly total costs by 29% over 2 years compared to DAF. Results were adjusted for age, gender, EDSS, time and data source. *PIRA* progression independent of relapse activity, *RAW* relapse-associated worsening, *DAF* disease activity free. * $p < 0.05$; ** $p < 0.01$

Fig. 3 Comparison of patients with in- and outpatient hospitalizations within 2 years. In the RAW population, the rate of patients with at least one inpatient hospital stay was almost twice as high compared to PIRA population (18% vs. 32%)