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CORRECTION

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In the original publication of this article, the Abstract "**Defining polypharmacy: in search of a more comprehensive determination method applied in a tertiary psychiatric hospital**" was omitted. The missing abstract is given below:

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Background and objective: In our study we developed a two-method determination of polypharmacy in an attempt to encourage an appropriate consensus on the determination of polypharmacy in future research. A more classic numerical approach of polypharmacy is combined with a method based on active components. Following this method, prevalence of psychotropic and general polypharmacy is investigated in a tertiary psychiatric center.

Method: Our research was conducted in a tertiary psychiatric hospital with 440 places of which there are 336 beds for adolescents, adults, and elderly psychiatric patients. Current prescriptions of all inpatients suffering from mental disorders were extracted from the hospital Computerized Physician Order Entry. Two methods were used to examine definitive polypharmacy (defined as the concomitant use of at least five medicines): number of medicines (1) per active component and (2) per prescription. Psychotropic polypharmacy was defined as the concomitant use of at least two psychotropic medicines, based on the first counting, i.e. per active component.

Main outcome measures: Prevalence of polypharmacy and psychotropic polypharmacy following a two-method determination.

Results: In 292 of all included patients the prevalence of definitive polypharmacy was 65.8%, with a mean number of 6.8 ± 4.2 medicines per patient. The most prevalent medicines were related to the central nervous system (55.7%), followed by medicines related to the gastro-intestinal system (17.6%) and medicines related to the cardiovascular system (9.4%). A prevalence of psychotropic polypharmacy of 78.1% was observed, with a mean of 3.0 ± 1.7 psychotropic medicines per patient. Psychotropic polypharmacy was classified in same-class (71.5%), multi-class (82.5%), augmentation (20.6%) and adjuvant (35.5%) polypharmacy.

Conclusion: In our study a two-method determination of polypharmacy was used. Although there was no significant difference between the two methods used, a general consensus about the definition and determination of polypharmacy is needed to support further research and should involve different methods. The prevalences of both polypharmacy and

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psychotropic polypharmacy found in our study are consistent with previous reports of highly prevalent polypharmacy in patients with mental disorders. Although in some cases polypharmacy can be an important part of good clinical practice, the high prevalence of both polypharmacy and psychotropic polypharmacy emphasizes that attention must be paid to the potentially associated risks.