

Erratum

Erratum to “Fibromyalgia Syndrome: Etiology, Pathogenesis, Diagnosis, and Treatment”

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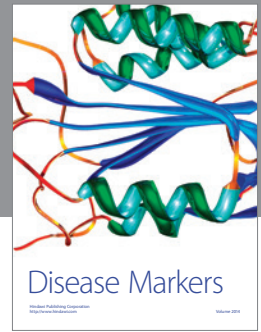
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In this paper which appeared in *Pain Research and Treatment* (Volume 2012, Article ID 426130) the affiliations have been switched. The affiliations should appear as shown above.

Moreover in Table 3 on page 10 the NNTs of Milnacipran and of Duloxetine have been switched. The NNTs should appear as follows: Milnacipran NNT 19 (95% CI 7.4, 20.5) and Duloxetine NNT 7.2 (95% CI 5.2, 11.4). The corrected full Table 3 is shown later.

TABLE 3: Comparison between American Pain Society (APS) and Association of the Scientific Medical Societies in Germany (AWMF) with European League Against Rheumatism (EULAR).

	Nonpharmacologic treatment	Medications
American Pain Society (APS) and Association of the Scientific Medical Societies in Germany (AWMF)	<p><i>Strong evidence:</i></p> <p>Patient education</p> <p>CBT</p> <p>Aerobic exercise</p> <p>Multidisciplinary therapy</p> <p><i>Moderate evidence:</i></p> <p>Strength training</p> <p>Acupuncture</p> <p>Hypnotherapy</p> <p>Biofeedback</p> <p>Balneotherapy</p>	<p><i>Strong evidence:</i></p> <p>Amitriptyline (25/50 mg)</p> <p>NNT 3,54 (95% CI 2.74, 5.01)</p> <p>Cyclobenzaprine (10/30 mg)</p> <p><i>Moderate evidence:</i></p> <p>SNRIs:</p> <p>Milnacipran (100 mg)</p> <p>NNT 19 (95% CI 7.4, 20.5)</p> <p>NNH 7.6 (95% CI 6.2, 9.9)</p> <p>Duloxetine (60/120 mg)</p> <p>NNT 7.2 (95% CI 5.2, 11.4)</p> <p>NNH 14.9 (95% CI 9.1, 41.4)</p> <p>SSRI:</p> <p>Fluoxetine (20/80 mg)</p> <p>Tramadol (200/300 mg)</p> <p>Anticonvulsant:</p> <p>Pregabalin (300/450 mg)</p> <p>NNT 8.6 (95% CI 6.4, 12.9)</p> <p>NNH 7.6 (95%CI 6.3, 9.4)</p>
	European League Against Rheumatism (EULAR)	<p>Balneotherapy (grade B)</p> <p>Individually tailored exercise including aerobic and strength training (grade C)</p> <p>Cognitive-behavioral therapy (grade B)</p> <p>Others: relaxation, rehabilitation, physiotherapy, and/or psychological support (grade C)</p>



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