

## The following abstracts were presented as posters at the 2016 NEI Psychopharmacology Congress – CORRIGENDUM

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In the original publication of “The following abstracts were presented as posters at the 2016 NEI Psychopharmacology Congress,” two authors were not listed for Abstract #172, “Variation in prolactin levels with aripiprazole and risperidone: what is the clinical significance?” The authors are as follows:

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The conclusions and funding for Abstract #172 should also have been published as follows:

**Conclusions:** As was expected in the literature for adults and youths, risperidone was associated with increased prolactin and aripiprazole with decreased prolactin.

The potential of side effects of hyperprolactinemia with risperidone has been widely addressed (i.e., oligomenorrhea, amenorrhea, infertility, sexual dysfunction, osteoporosis, gynecomastia) but effects of hypoprolactinemia with aripiprazole on developing youths has been under studied and often gone unnoticed. Hypoprolactinemia can greatly influence the growth and development of young patients. Long-term low prolactin can lead to delayed puberty, subfertility, and infertility as well as immune depression. Further studies are necessary to enhance our knowledge of aripiprazole induced hypoprolactinemia and its effects on growth and development of children and adolescents and also essential to develop practice guidelines.

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The authors and editors regret these omissions, and the original article has since been updated.

### REFERENCE:

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The following abstracts were presented as posters at the 2016. NEI Psychopharmacology Congress. *CNS Spectrums*. 2017; **22**(1): 62–109.