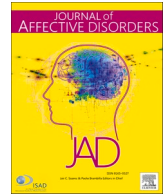




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Corrigendum

Corrigendum to “Mental health and working conditions among French medical students: A nationwide study” [J. Affective Disord. 306 (2022) 124–130]

Franck Rolland^{a,b,i}, Nawale Hadouiri^{b,c}, Adrien Haas-Jordache^d, Evan Gouy^{b,e},
Loona Mathieu^f, Anne Goulard^d, Yannick Morvan^{a,g}, Ariel Frajerman^{h,i,*}

^a Center for Research in Epidemiology and Population Health (CESP), National Institute of Health and Medical Research (INSERM) U1018, Paris-Saclay University, Villejuif, France

^b ISNI (InterSyndicale Nationale des Internes), 17 Rue du Fer À Moulin, 75005 Paris, France

^c Pôle rééducation-réadaptation, CHU de Dijon, 23 rue Gaffarel, 21078 Dijon, France

^d ISNAR-IMG (InterSyndicale Nationale Autonome Représentative des Internes de Médecine Générale), 286 Rue Vendôme, 69003 Lyon, France

^e Service de génétique médicale, Hospices Civils de Lyon, 59 boulevard Pinel, 69500 Bron, France

^f ANEMF (Association Nationale des Etudiants en Médecine de France), 79 rue Pèrier, 92120 Montrouge, France

^g Université Paris Nanterre, UFR SPSE, laboratoire CLIPSYD, EA4430 Nanterre, France

^h Université de Paris, Institute of Psychiatry and Neuroscience de Paris (IPNP), INSERM U1266, F-75014 Paris, France

ⁱ Université Paris-Saclay, AP-HP, Service de Psychiatrie, Hôpital de Bicêtre, DMU 11 Psychiatrie, Santé Mentale, Addictologie et Nutrition, Équipe MOODS, INSERM U1178, CESP (Centre de Recherche en Épidémiologie et Santé des Populations), Le Kremlin-Bicêtre, France

The authors regret that due to a preprint mistake, few modifications were not reported properly to the final version. These changes do not affect any conclusions.

Abstract: “(OR = 1.44, IC 95 [1.31–1.58], $p < 0.001$) or very important financial issues (OR = 2.47, IC 95 [2.15–2.85], $p < 0.001$), experienced humiliation (OR = 1.63, IC 95 [1.46–1.81], $p < 0.001$), sexual harassment (OR = 1.43, IC 95 [1.28–1.59], $p < 0.001$) and sexual abuse (OR = 1.52, IC 95 [1.24–1.85], $p < 0.001$)”

IC should have been replaced by CI. The correct sentence is: “(OR = 1.44, CI 95 [1.31–1.58], $p < 0.001$) or very important financial issues (OR = 2.47, CI 95 [2.15–2.85], $p < 0.001$), experienced humiliation (OR = 1.63, CI 95 [1.46–1.81], $p < 0.001$), sexual harassment (OR = 1.43, CI 95 [1.28–1.59], $p < 0.001$) and sexual abuse (OR = 1.52, CI 95 [1.24–1.85], $p < 0.001$)”

P126–127: “Multivariate binary logistic regression identified the same associations. Being a woman (OR = 1.14, IC 95 [1.04;1.26], $p = 0.007$), single (OR = 1.20, IC 95 [1.10–1.32], $p < 0.001$), preclinical level (OR = 1.43, IC 95 [1.19–1.72], $p < 0.001$), having important (OR = 1.44, IC 95 [1.31–1.58], $p < 0.001$) or very important financial issues (OR = 2.47, IC 95 [2.15–2.85], $p < 0.001$), having experienced humiliation (OR = 1.63, IC 95 [1.46–1.81], $p < 0.001$), sexual harassment (OR = 1.43, IC95 [1.28–1.59], $p < 0.001$) or sexual abuse (OR

= 1.52, IC 95 [1.24–1.85], $p < 0.001$) during the curriculum were associated with an increased risk of MDE.”

OR and CI values corrections were not reported. The correct values are in Table 2. IC should have been replaced by CI. The correct paragraph is: Multivariate binary logistic regressions identified the same associations. Being a woman (OR = 1.14, CI95 [1.04;1.26], $p = 0.007$), single (OR = 1.19, CI95 [1.10–1.32], $p < 0.001$), preclinical level (OR = 1.20, CI95 [1.00–1.45], $p = 0.045$) compare to residents, having important (OR = 1.49, CI95 [1.36–1.63], $p < 0.001$) or very important financial issues (OR = 2.73, CI95 [2.37–3.13], $p < 0.001$), having experienced humiliation (OR = 1.86, CI95 [1.60–2.06], $p < 0.001$), sexual harassment (OR = 1.75, CI95 [1.58–1.94], $p < 0.001$) or sexual abuse (OR = 2.06, IC 95 [1.70–2.49], $p < 0.001$) during the curriculum were associated with an increased risk of MDE.

P126: “With >10 cut-off for HAD-D last week depression showed had worse sensitivity (37,8% vs. 64,5%) and better specificity (89,3% vs. 70,6%) than with >7 cut-off to detect last year MDE cases measured with CIDI-SF”. Words “last week depression showed” and “to detect last year MDE cases measured with CIDI-SF” were missing.

The correct sentence is: With >10 cut-off for HAD-D last week depression showed had worse sensitivity (37,8% vs. 64,5%) and

DOI of original article: <https://doi.org/10.1016/j.jad.2022.03.001>.

* Corresponding author at: Université de Paris, Inserm U1266–GDR 3557, institut de psychiatrie et neurosciences de Paris, 102-108 Rue de la Santé, 75014 Paris, France.

E-mail address: ariel.frajerman@inserm.fr (A. Frajerman).

<https://doi.org/10.1016/j.jad.2022.04.017>

Available online 13 April 2022

0165-0327/© 2022 Elsevier B.V. All rights reserved.

better specificity (89,3% vs. 70,6%) than with >7 cut-off to detect last year MDE cases measured with CIDI-SF.

P128: “*This leads sometimes to a false impression of deterioration or improvement between two studies that could otherwise be explained by different used cut-offs or time periods for estimating prevalences*”. The end of the sentence “or time periods for estimating prevalences” is missing.

The correct sentence is: This leads sometimes to a false impression of deterioration or improvement between two studies that could otherwise be explained by different used cut-offs or time periods for estimating prevalences.

P128: “*These results should be interpreted with caution. For instance, many studies used Patient Health Questionnaire 9 (PHQ9) [31]: 15 studies used a cut-off ≥ 5 with a mean prevalence of 49% IC 95 [39–58], whereas 7 studies used a cut-off ≥ 10 with a mean prevalence of 28% IC 95 [13–46]*”

IC should have been replaced by CI. The correct sentence is: “These results should be interpreted with caution. For instance,

many studies used Patient Health Questionnaire 9 (PHQ9) [31]: 15 studies used a cut-off ≥ 5 with a mean prevalence of 49% CI 95 [39–58], whereas 7 studies used a cut-off ≥ 10 with a mean prevalence of 28% CI 95 [13–46]”

P 129: “*Using both HAD and CIDI-SF allows us to assess sensibility and specificity but only for HAD depression, however we couldn't control for 12 month MDE cases in remission with a lower level or without current symptoms*”. The end of the sentence “, however we couldn't control for 12 month MDE cases in remission with a lower level or without current symptoms” is missing.

The correct sentence is: Using both HAD and CIDI-SF allows us to assess sensibility and specificity but only for HAD depression, however we couldn't control for 12 month MDE cases in remission with a lower level or without current symptoms.

The authors would like to apologise for any inconvenience caused.