

as usual and waiting list controls in reducing health care use, with an effect size of  $-0.37$  (95% CI  $-0.71$  to  $-0.04$ ), with reasonable confidence in this finding. No benefits were found for medication reduction, but with less confidence in this result. Analysis of work loss showed no significant effects of psychological interventions over comparisons, but the use of many different metrics necessitated fragmenting the planned analyses, making summary difficult. The results are encouraging for the potential of routine psychological intervention to reduce post-treatment health care use, with associated cost savings, but it is likely that the range and complexity of problems affecting work necessitate additional intervention over standard group psychological intervention.

### Conflict of interest statement

The author has no conflicts of interest to declare.

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### Erratum

#### Diagnostic accuracy of laser evoked potentials in diabetic neuropathy: Erratum.

The authors of the article listed below, which published in the June 2017 issue of PAIN, note that the affiliation for Marco Lacerenza was incorrect. The correct affiliation for Dr. Lacerenza is as follows:  
Humanitas and Fondazione Opera San Camillo, Milan, Italy  
The authors apologize for the error.

### Reference

Di Stefano G, La Cesa S, Leone C, Pepe A, Galosi E, Fiorelli M, Valeriani M, Lacerenza M, Pergolini M, Biasiotta A, Cruccu G, Truini A. Diagnostic accuracy of laser evoked potentials in diabetic neuropathy. *PAIN* 2017;158:1100–7.

### Erratum

#### Identifying patients with chronic widespread pain in primary care: Erratum.

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### Reference

Mansfield KE, Sim J, Croft P, Jordan KP. Identifying patients with chronic widespread pain in primary care. *PAIN* 2017;158:110–9.