

CORRECTION

# Correction: Electrocardiographic Screening for Prolonged QT Interval to Reduce Sudden Cardiac Death in Psychiatric Patients: A Cost-Effectiveness Analysis

Antoine Poncet, Baris Gencer, Marc Blondon, Marianne Gex-Fabry, Christophe Combescure, Dipen Shah, Peter J. Schwartz, Marie Besson, François R. Girardin

[Fig 1](#) is incorrect in the published article. Please view the correct [Fig 1](#) and its legend here.

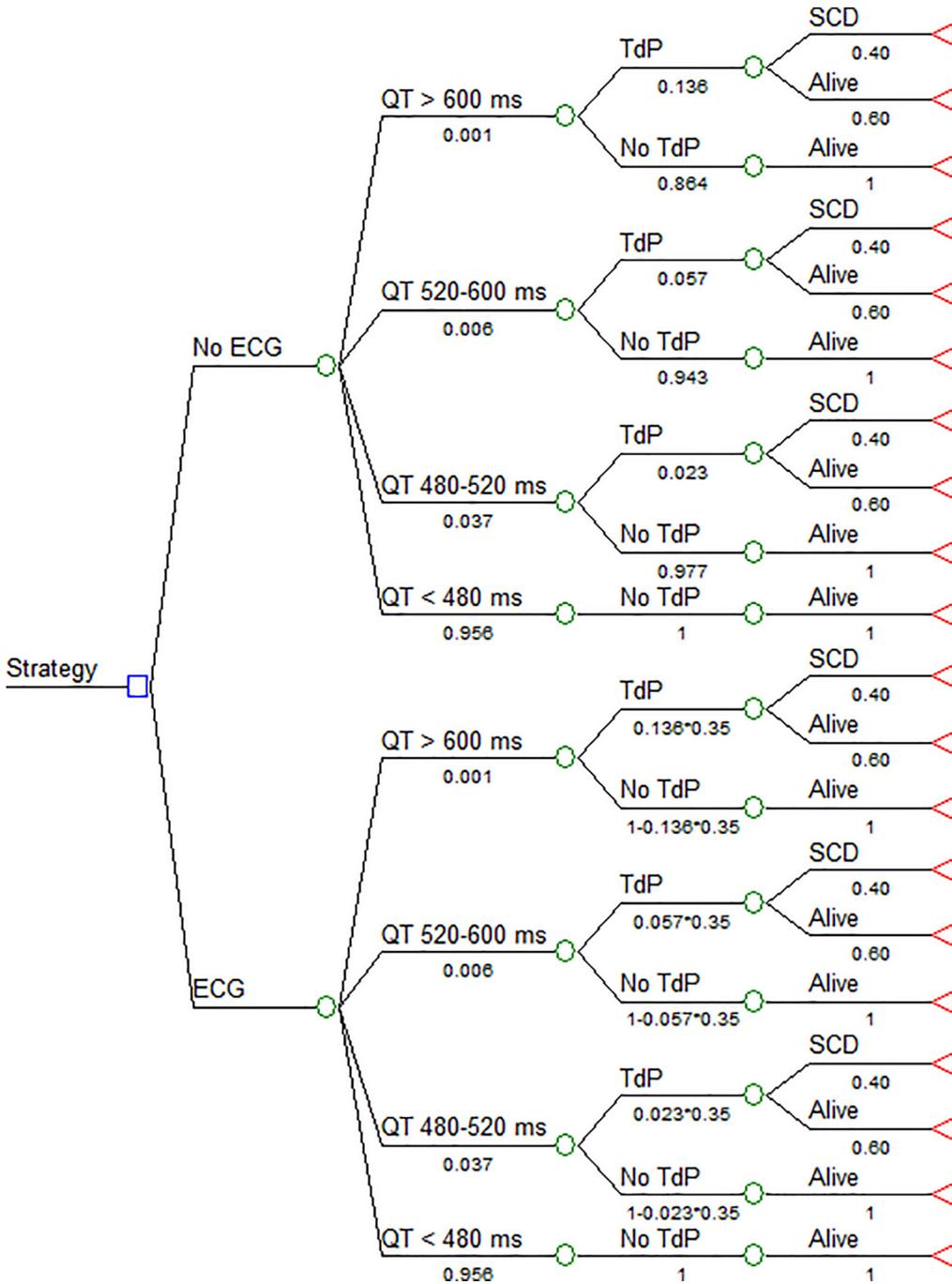


 OPEN ACCESS

**Citation:** Poncet A, Gencer B, Blondon M, Gex-Fabry M, Combescure C, Shah D, et al. (2015) Correction: Electrocardiographic Screening for Prolonged QT Interval to Reduce Sudden Cardiac Death in Psychiatric Patients: A Cost-Effectiveness Analysis. PLoS ONE 10(7): e0133108. doi:10.1371/journal.pone.0133108

**Published:** July 14, 2015

**Copyright:** © 2015 Poncet et al. This is an open access article distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



**Fig 1. The decision tree represents both strategies: “ECG screening” at hospital admission versus “No ECG screening”.** Probabilities of patients belonging to a QT category are identical in both strategies, as the risk of SCD after a TdP event. The probability of developing TdP is based on the severity of QT prolongation and is reduced by LQT detection in the ECG strategy. For patients remaining alive, the model assumes a life expectancy of 25 years.

doi:10.1371/journal.pone.0133108.g001

## Reference

1. Poncet A, Gencer B, Blondon M, Gex-Fabry M, Combescurre C, Shah D, et al. (2015) Electrocardiographic Screening for Prolonged QT Interval to Reduce Sudden Cardiac Death in Psychiatric Patients: A Cost-Effectiveness Analysis. PLoS ONE 10(6): e0127213. doi: [10.1371/journal.pone.0127213](https://doi.org/10.1371/journal.pone.0127213) PMID: [26070071](https://pubmed.ncbi.nlm.nih.gov/26070071/)