



Corrigendum

To cite this article: (2016) Corrigendum, Nordic Psychology, 68:2, 144-146, DOI: [10.1080/19012276.2016.1162494](https://doi.org/10.1080/19012276.2016.1162494)

To link to this article: <http://dx.doi.org/10.1080/19012276.2016.1162494>



Published online: 15 Apr 2016.



Submit your article to this journal [↗](#)



Article views: 53



View related articles [↗](#)



View Crossmark data [↗](#)

Corrigendum

Kold, M., Hansen T. G. B., Vedsted-Hansen H., & Forman A (2012). Mindfulness-based psychological intervention for coping with pain in endometriosis. *Nordic Psychology*, 64, 2–16. <http://dx.doi.org/10.1080/19012276.2012.693727>

The authors would like to apologize for an error in the results of this paper.

During a follow-up study, our data were scrutinized once again. In the primary analysis, raw data were recoded according to the manual before inserted in the SF-36 statistical program. However, the SF-36 program performs this recoding automatically, meaning that it has been done twice and an improvement of all eight scales of the SF-36 was overlooked. The intervention was thereby considered less effective than it actually appears at proper analysis.

The authors would like to assure readers that this affects only results from the SF-36 questionnaire. The EHP-30 data are correct.

The results of our revised analysis are clarified in the following text.

Results

Prior to intervention, participants scored below national average on all SF-36 scales (Table 1). The scales for *role-physical*, *bodily pain*, *general health*, *vitality*, and *role-emotional* were particularly low.

There was a significant improvement on the five scales *bodily pain*, *general health*, *vitality*, *social functioning*, and *role-emotional* from pre- to post-intervention, and all 8 SF-36 scales improved significantly from pre-intervention to 6 and 12 months follow-up. Moreover, repeated measures ANOVA analysis showed significant improvements on all scales.

Table 1. SF-36 comparison data, descriptive statistics, and tests for post-intervention change.

	DK standard, women 16 +		T1 Pre intervention		T2 Post intervention		T1-T2		T3 6 mo follow-up		T1-T3		T4 12 mo follow-up		T1-T4		Repeated measures ANOVA		
	M	SD	M	SD	M	SD	P	M	SD	M	SD	P	M	SD	P	df	F	P	
Physical functioning	86.40	21.23	69.50	14.80	77.00	18.14	0.152	83.50	12.03	0.015	12.96	0.024	82.50	12.96	0.024	3,27	3.86	0.02	
Role – physical	80.26	33.56	15.00	21.08	37.50	39.53	0.054	47.50	41.58	0.028	39.09	0.007	50.00	39.09	0.007	3,27	3.95	0.019	
Bodily pain	76.29	24.30	31.30	14.39	54.70	15.69	0.002	53.90	14.42	< 0.001	12.52	< 0.001	57.80	12.52	< 0.001	3,27	12.75	< 0.001	
General health	75.61	20.93	36.10	14.08	48.60	19.73	0.024	*50.78	16.56	0.002	22.25	0.004	55.40	22.25	0.004	3,24	4.73	0.01	
Vitality	67.43	20.55	27.50	17.83	52.00	23.59	0.003	46.50	17.00	< 0.001	20.11	0.003	49.00	20.11	0.003	3,27	7.05	0.001	
Social functioning	90.17	18.57	47.50	24.86	77.50	17.48	0.004	73.75	17.13	0.002	26.48	< 0.001	70.00	26.48	< 0.001	3,27	8.75	< 0.001	
Role – emotional	84.47	29.18	23.33	35.31	73.33	34.43	0.009	63.33	36.68	0.018	42.31	0.104	50.00	42.31	0.104	3,27	5.17	0.006	
Mental health	79.98	16.03	59.20	22.69	76.80	10.96	0.069	76.40	11.69	0.016	20.76	0.038	69.60	20.76	0.038	3,27	3.30	0.035	

Notes: For all means, higher values reflect improved quality of life scales. N = 10, except *N = 9.

Discussion

The findings from the general health and well-being SF-36 questionnaire are consistent with our parallel results from the endometriosis-specific questionnaire EHP-30 and show significant improvements in all eight SF-36 scales from pre-intervention to follow-up. This agreement was expected since mutual correlations between the two forms were found during development of EHP-30 (Jones et al., 2001). The intervention successfully improved physical, psychological, and social aspects of the participant's problems.

In conclusion, our results suggest that use of mindfulness techniques in patients with chronic pain secondary to endometriosis is feasible and may afford positive effects on quality of life. Randomized controlled studies on this approach are motivated.

REFERENCE

Jones, G., S. Kennedy, A. Barnard, J. Wong, & C. Jenkinson (2001). Development of an endometriosis quality-of-life instrument: The Endometriosis Health Profile-30. *Obstetrics & Gynecology*, *98*, 258–264.