

CORRECTION

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Correction: Cost-effectiveness analysis of a multiple health behaviour change intervention in people aged between 45 and 75 years: a cluster randomized controlled trial in primary care (EIRA study)

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After publication of this article, the authors identified a miscalculation in the cardiovascular risk data. As a result, certain sections of the article, including text, Tables 2, 4, 5, 6, and Fig. 2 need to be updated.

[†]Maria Rubio-Valera and Antoni Serrano-Blanco are joint senior authors.

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The corrected text, along with the affected rows and columns of the tables and the revised Fig. 2 are given below.

The original article has been corrected.

Section	Page	Incorrect	Correct
Abstract (Results)	2	Differences in QALYS or cardiovascular risk between-group were close to 0 (-0.01 and 0.04 respectively). The ICER was €5,598 per extra health behaviour change in one patient and €6,926 per one-point reduction in cardiovascular risk from a societal perspective.	Differences in QALYS or cardiovascular risk between-group were close to 0 (-0.01 and 0.17 respectively). The ICER was €5,598 per extra health behaviour change in one patient and €1,727 per one-point reduction in cardiovascular risk from a societal perspective.
Results (Cost-utility and cost-effectiveness of EIRA intervention)	6	When MHBC is considered in the cost-effectiveness analysis, ICERs from the societal and healthcare perspectives were €5598 and €3932 per additional change in one patient, respectively. Considering the cardiovascular risk, ICERs from the societal and healthcare perspectives were €6926 and €4864 per one-point reduction in cardiovascular risk, respectively.	When MHBC is considered in the cost-effectiveness analysis, ICERs from the societal and healthcare perspectives were €5,598 and €3,932 per additional change in one patient, respectively. Considering the cardiovascular risk, ICERs from the societal and healthcare perspectives were €1,727 and €1,231 per one-point reduction in cardiovascular risk, respectively.
Results (Sensitivity analysis)	11	The scenario with the largest differences in cost was that considering the mean wage as unit cost for sick leave. In terms of cost effectiveness, the best scenario for both outcomes was the complete case (both ICER were around €2200 per extra MHBC in one participant or REGICOR reduction), while the worse scenario was that considering the mean wage as unit cost for sick leave.	The scenario with the largest differences in cost was that considering the mean wage as unit cost for sick leave. In terms of cost-effectiveness, the best scenario for both outcomes was the complete case (ICER per extra MHBC in one participant was €2,224 while ICER per REGICOR reduction was €531), while the worse scenario was that considering the mean wage as unit cost for sick leave.
Discussion (Summary)	11	The cost-effectiveness of the EIRA intervention measured in terms of MHBC remains unclear. However, although the intervention was shown to be no more costly than usual care and it promoted MHBC, the probabilistic analysis showed high uncertainty surrounding cost differences and intervention did not affect quality of life or cardiovascular risk reduction.	The cost-effectiveness of the EIRA intervention measured in terms of MHBC remains unclear. However, although the intervention was shown to be no more costly than usual care and it promoted MHBC, the probabilistic analysis showed high uncertainty surrounding cost differences and intervention did not affect quality of life while cardiovascular risk reduction was limited.

Section	Page	Incorrect	Correct
Discussion (Comparison with existing literature)	12	Partially similar results were observed when CVR was considered as the outcome. The EIRA intervention showed a societal ICER of €6900 per one-point reduction in CVR and a healthcare ICER of 4900. In this situation, and considering that usual care already involves preventive protocols, it is very difficult to observe substantial changes in these outcomes, and consequently, CVR in the short-medium term. Furthermore, changes in the medium-long term can be preceded by promotion interventions on healthy lifestyles which have an impact on CVR [46].	Partially although similar results were in the same line observed when CVR was considered as the outcome, ICER was more affordable. The EIRA intervention showed a societal ICER of €61,727900 per one-point reduction in CVR and a healthcare ICER of 41,231900. In this situation, although this extra cost could seem reasonable, the lack of evidence and recommendations about willingness to pay for reduction in CVR hinders the interpretation and subsequent recommendations. and considering that usual care already involves preventive protocols, it is very difficult to observe substantial changes in these outcomes, and consequently, CVR in the short-medium term. Furthermore, the real impact of the intervention could be larger because changes in the medium-long term can be preceded by promotion interventions on healthy lifestyles which have an impact on CVR [46].

Table 2 Sociodemographic and clinical characteristics of the sample

N (%)	Control Group (N=1,581)	Intervention Group (N=1,481)	TOTAL (N=3,062)	% of missing values
Cardiovascular risk (REGICOR range 0.50 – 30.51), mean; SD	4.92; 3.63	5.01; 3.41	4.96; 3.53	15.16

Table 4 Unadjusted cost at baseline and follow-up and effects for intervention and control patients for the main and sensitivity analysis.

	REGICOR control (95% CI)	REGICOR intervention (95%CI)
Main analysis - Societal perspective (ITT and minimum wage)	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)
Main analysis – Health-care system perspective (ITT and minimum wage)	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)
Mean wage	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)
Maximum regional tariffs ^a	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)
Minimum regional tariffs	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)
Complete-case	4.69 (4.37; 5.00)	4.97 (4.67; 5.27)
SUR	5.32 (3.72; 6.92)	5.28 (3.64; 6.92)

Table 5 Difference in cost and effects; ICUR and ICER between intervention and control patients for the main and sensitivity analyses based on adjusted models.

	REGICOR reduction difference (95% CI)	ICER (€/REGICOR reduction)
Main analysis - Societal perspective (ITT and minimum wage)	0.17 (-0.40; 0.74)	1,727
Main analysis – Healthcare system perspective (ITT and minimum wage)	0.17 (-0.40; 0.74)	1,231
Mean wage (Societal perspective)	0.17 (-0.40; 0.74)	2,536
Maximum regional tariffs ^a	0.17 (-0.40; 0.74)	1,559
Minimum regional tariffs	0.17 (-0.40; 0.74)	1,590
Complete-case	0.24 (-0.24; 0.71)	531
Unadjusted analysis ^b	0.15 (-0.41; 0.72)	2,226
SUR	0.17 (-0.01; 0.35)	760

All sensitivity analyses considered societal perspective. SUR: Seemingly unrelated regressions. Dominated: Intervention was more costly and less effective. ^aMinimum daily wage is maintained as unit cost for sick leave in this sensitivity analysis. ^bOnly adjusted by baseline costs or effects. ^cConfidence interval in cost when CVR is consider as effect is (-16.21; 275.85). ^dConfidence interval calculated based on bootstrapping. NA: Not applicable due to the outcome not being a continuous variable

Table 6 Difference in cost and effects (change in two or three behaviours and cardiovascular risk); ICER between intervention and control patients and Relative Value Index (RVI) for the main and sensitivity analyses based on adjusted models

	Usual Care follow-up Cost (95% CI) in €	Usual care % Change in two or three in one patient (95% CI)	ICER (€/extra change in two or three behaviours in one patient)	RVI	Usual care REGICOR at follow-up (95% CI)	ICER (€/REGICOR reduction)	RVI
Main analysis - Societal perspective (ITT and minimum wage)	3,509.14 (2,097.21; 4,921.07)	8.95 (5.89; 12.01)	5598	0.07	5.32 (3.72; 6.92)	1,727	0.38
Main analysis – Healthcare system perspective (ITT and minimum wage)	2,342.46 (1,382.32; 3,302.62)	8.95 (5.89; 12.01)	3932	0.07	5.32 (3.72; 6.92)	1,231	0.36
Mean wage (Societal perspective)	3,823.72 (2,407.10; 5,240.34)	8.95 (5.89; 12.01)	8220	0.05	5.32 (3.72; 6.92)	2,536	0.28
Maximum regional tariffs ^a	4,382.76 (2,717.33; 6,048.20)	8.95 (5.89; 12.01)	5051	0.10	5.32 (3.72; 6.92)	1,559	0.53
Minimum regional tariffs	2,840.45 (1,536.42; 4,144.47)	8.95 (5.89; 12.01)	6377	0.05	5.32 (3.72; 6.92)	1,590	0.34
Complete-case	3,396.87 (2,246.36; 4,547.365)	5.70 (4.38; 7.02)	2224	0.27	4.69 (4.37; 5.00)	531	1.36
Unadjusted analysis ^b	3,509.14 (2,097.21; 4,921.07)	8.95 (5.89; 12.01)	7690	0.05	5.32 (3.72; 6.92)	2,226	0.30
SUR	3,509.14 (2,097.21; 4,921.07)	NA	NA	NA	5.32 (3.72; 6.92)	760	0.22

All sensitivity analyses considered societal perspective. SUR: Seemingly unrelated regressions. ^aMinimum daily wage is maintained as unit cost for sick leave in this sensitivity analysis. ^bOnly adjusted by baseline costs or effects. ^cConfidence interval in cost when CVR is consider as effect is (-1.58; 261.22). ^dConfidence interval calculated based on bootstrapping. NA: Not applicable due to the outcome not being a continuous variable

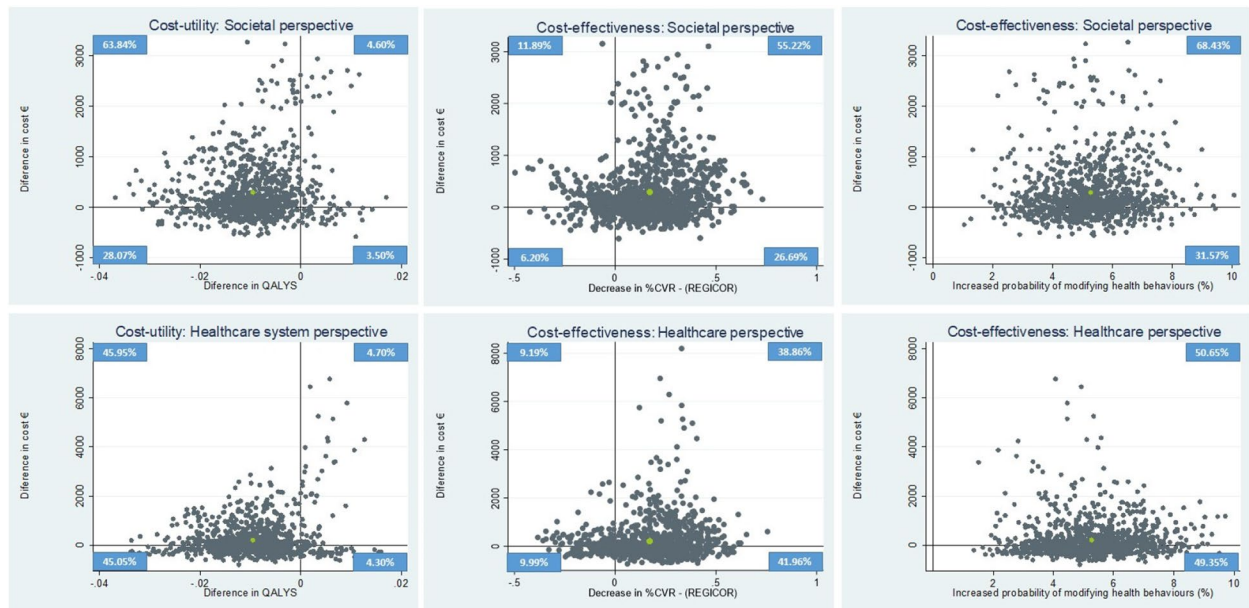


Fig. 2 Cost-utility and cost-effectiveness of EIRA intervention vs usual care

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