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# Corrigendum: Long-term efficacy and reduced side-effects of buprenorphine in patients with moderate and severe chronic pain

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### KEYWORDS

chronic pain, opioids, tolerance, ransdermal patches, pain relief, opioid crisis

# A Corrigendum on

Long-term efficacy and reduced side-effects of buprenorphine in patients with moderate and severe chronic pain

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In the published article, there was an error in Figures 1, 4, 5 as published. The figures were mismatched with their respective images.

Figure 1 should display the image originally intended for Figure 5; the caption remains correct. The corrected Figure 1 and its caption appear below.

Figure 4 should display the image originally intended for Figure 1; the caption remains correct. The corrected Figure 4 and its caption appear below.

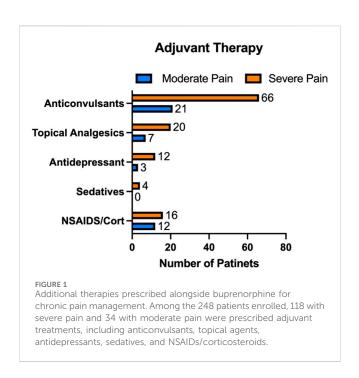
Figure 5 should display the image originally intended for Figure 4; the caption remains correct. The corrected Figure 5 and its caption appear below.

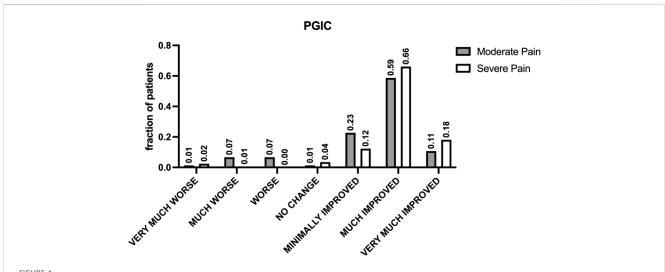
The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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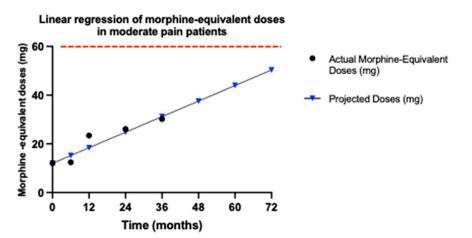
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Patient-reported outcomes assessed by PGIC. The figure shows the results of the Patients' Global Impression of Change (PGIC) scale, specifically designed to assess patients' perceptions of change following treatment. This seven-point verbal scale offers options ranging from "very much improved" to "very much worsened," including "much improved," "minimally improved," "no change," "minimally worsened," and "much worsened." indicating high levels of patient satisfaction and perceived improvement in pain management across different pain intensities.

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# FIGURE 5 Trends in morphine-equivalent doses for moderate pain patients. This graph illustrates the morphine-equivalent doses, calculated from buprenorphine dosages over 36 months for patients with moderate pain, using an equianalgesic conversion factor, where 5 µg per hour of transdermal buprenorphine equates to 12 mg of morphine per day. The doses at each time point (baseline, 6, 12, 24, and 36 months) are plotted to assess any increase that might indicate opioid tolerance. The graph displays both the actual recorded doses until 36 months (black dots) and the projected morphine-equivalent doses (blue triangles) up to 72 months, in patients with moderate pain. The red dashed line indicates the opioid tolerance threshold of 60 mg/day, as defined by FDA. Linear regression analysis was employed to determine the slope of the dose trend, represented as mg/month, which quantifies the rate of increase in dosage requirements. The slope of 0.4117 mg/month suggests a very gradual increase in required dosage, remaining significantly below the 60 mg/day threshold associated with opioid tolerance, even at a projected period of 72 months.