



## **OPEN ACCESS**

APPROVED BY

Frontiers Editorial Office, Frontiers Media SA, Switzerland

\*CORRESPONDENCE

Frontiers Production Office production.office@frontiersin.org

SPECIALTY SECTION

This article was submitted to Psychological Therapy and Psychosomatics, a section of the journal Frontiers in Psychiatry

RECEIVED 31 October 2022 ACCEPTED 31 October 2022 PUBLISHED 25 November 2022

### CITATION

Frontiers Production Office (2022) Erratum: Gastrointestinal complaints in patients with anorexia nervosa in the timecourse of inpatient treatment. Front. Psychiatry 13:1085733. doi: 10.3389/fpsyt.2022.1085733

## COPYRIGHT

© 2022 Frontiers Production Office. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

# Erratum: Gastrointestinal complaints in patients with anorexia nervosa in the timecourse of inpatient treatment

# Frontiers Production Office\*

Frontiers Media SA, Lausanne, Switzerland

**KEYWORDS** 

abdominal pain, anorexia nervosa, constipation, eating disorders, gastrointestinal complaints, indigestion

## An Erratum on

Gastrointestinal complaints in patients with anorexia nervosa in the timecourse of inpatient treatment

by Riedlinger, C., Mazurak, N., Schäffeler, N., Stengel, A., Giel, K. E., Zipfel, S., Enck, P., and Mack, I. (2022). Front. Psychiatry 13:962837. doi: 10.3389/fpsyt.2022.962837

Due to a production error, an author's comment was added to the article in error. A correction has been made to the section **Discussion**, Paragraph Number 8:

"In summary, abdominal pain, and constipation-related and AN-typical GI symptoms improved significantly and stabilized in most patients to a normal range during the treatment period. Diarrhea- and reflux-related symptoms overall played a less important role in patients with AN with normal values on average throughout treatment and therefore did not improve significantly during the timecourse. Disordered ED pathology at admission predicted the outcome of abdominal pain, constipation, and reflux, as well as AN-typical and overall GI symptoms; depression predicted the outcome of constipation symptoms; and stress predicted the outcome of constipation and AN-typical symptoms. Weekly measured BMI, serum amylase, anxiety, current age, age at first diagnosis, duration of illness, length of inpatient stay, vomiting behavior, or laxative misuse were not found to predict any GI outcomes. Further research comprising larger sample sizes in order to strengthen the results and enable analyses of different AN subgroups would be a necessary contribution to the field."

The publisher apologizes for this mistake. The original article has been updated.