



OPEN ACCESS

EDITED BY

José Manuel García-Fernández,
University of Alicante, Spain

REVIEWED BY

Barbara Benoliel,
Walden University, United States

*CORRESPONDENCE

Jonas Vaag
✉ jonas.vaag@nord.no

RECEIVED 10 February 2023

ACCEPTED 25 April 2023

PUBLISHED 18 May 2023

CITATION

Jystad I, Bjerkeset O, Haugan T, Sund ER and Vaag J (2023) Corrigendum: Sociodemographic correlates and mental health comorbidities in adolescents with social anxiety: the Young-HUNT3 study, Norway. *Front. Psychol.* 14:1163212. doi: 10.3389/fpsyg.2023.1163212

COPYRIGHT

© 2023 Jystad, Bjerkeset, Haugan, Sund and Vaag. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). 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.

Corrigendum: Sociodemographic correlates and mental health comorbidities in adolescents with social anxiety: the Young-HUNT3 study, Norway

Ingunn Jystad^{1,2}, Ottar Bjerkeset^{1,3}, Tommy Haugan¹, Erik R. Sund^{1,4,5} and Jonas Vaag^{1,6*}

¹Faculty of Nursing and Health Science, Nord University, Levanger, Norway, ²Department of Public Health and Nursing, Faculty of Medicine and Health Science, Norwegian University of Science and Technology, Trondheim, Norway, ³Department of Mental Health, Norwegian University of Science and Technology, Trondheim, Norway, ⁴Department of Public Health and Nursing, HUNT Research Centre, Norwegian University of Science and Technology, Trondheim, Norway, ⁵Levanger Hospital, Nord-Trøndelag Hospital Trust, Levanger, Norway, ⁶Department of Psychology, Faculty of Social and Educational Sciences, Norwegian University of Science and Technology, Trondheim, Norway

KEYWORDS

social anxiety disorder, adolescence, ADIS-C, self-report, sociodemographics, comorbidity, HUNT-study

A corrigendum on

[Sociodemographic correlates and mental health comorbidities in adolescents with social anxiety: the Young-HUNT3 study, Norway](https://doi.org/10.3389/fpsyg.2021.663161)

by Jystad, I., Bjerkeset, O., Haugan, T., Sund, E. R., and Vaag, J. (2021). *Front. Psychol.* 12:663161. doi: 10.3389/fpsyg.2021.663161

In the published article, there was an error in [Table 1](#) as published. In the rows, “Mean all social anxiety items (SPAI-C) (SD)” and “Mean anxiety and depression items (SCL-5) (SD)” the mean values for SPAI-C and SCL-5 were erroneously reported with standard errors (SE) instead of standard deviations (SD). The corrected [Table 1](#) appears below.

In addition, there was also an error in [Table 2](#) as published. The row “All” in the section “Help Seeking” was erroneously excluded. The corrected [Table 2](#) appears below.

In addition, there was also an error in **Materials and methods**, *Measures*, “Social Anxiety Disorder Screening and Clinical Interview (n = 6,610 and 212)”, “Anxiety Disorders Interview Schedule for DSM IV: Child Version”, Paragraph 1. The number of participants who were asked the three social anxiety items was incorrectly stated as “n = 6,6610”, but should be “n = 6,610”. The corrected paragraph appears below.

The Anxiety Disorders Interview Schedule for DSM IV: Child Version is a semi-structured interview used to diagnose anxiety disorders and other mental disorders in children and adolescents, according to the DSM-IV criteria (American Psychiatric Association, 2000; Rasmussen and Neumer, 2015). In the present study, the interview modules for SAD, generalized anxiety disorder (GAD), separation anxiety disorder (SEP), specific phobias (SPH), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), dysthymia, and depression were used. For more convenient administration and coding, the modules were slightly shortened. In addition, questions regarding symptoms of substance abuse were asked, yet a diagnostic evaluation of substance abuse cannot be

TABLE 1 Descriptive characteristics of adolescents in Young-HUNT3 categorized/identified as Anxiety Disorders Interview Schedule for DSM IV: child version (ADIS-C) screening negative, ADIS-C screening positive, screening positive not met to interview, and as diagnosed social anxiety disorder (SAD) cases.

	SAD (ADIS-C) Screening neg (<i>n</i> = 6,222)	SAD (ADIS-C) screening pos (<i>n</i> = 388)		
		All screening positives (<i>n</i> =388)	Screening positives that did not meet to interview (<i>n</i> =176)	Screening positives met to interview and diagnosed with SAD (<i>n</i> =106)
Sex <i>n</i> (%)				
Girls	3063 (49.23)	267 (68.81)	120 (68.18)	85 (80.19)
Boys	3159 (50.77)	121 (31.19)	56 (31.82)	21 (19.81)
Age mean (SD)	15.97 (1.70)	16.12 (1.90)	16.47 (2.13)	15.74 (1.63)
Age distribution <i>n</i> (%)				
13–15 years	3176 (51.04)	195 (50.26)	76 (43.18)	62 (58.49)
≥16 years	3046 (48.96)	193 (49.74)	100 (56.82)	44 (41.51)
Subjective family economy³ <i>n</i> (%)				
Worse than others	497 (8.46)	57 (15.92)	29 (18.13)	17 (17.35)
Mean all social anxiety items (SPAI-C) (SD)	1.86 (0.67)	2.82 (0.87)	2.86 (0.86)	3.04 (0.92)
Girls (mean all social anxiety items)	2.00 (0.67)	2.91 (0.85)	2.96 (0.85)	3.07 (0.87)
Boys (mean all social anxiety items)	1.71 (0.64)	2.63 (0.90)	2.65 (0.84)	2.91 (1.11)
Mean anxiety and depression items (SCL-5) (SD)	1.47 (0.52)	2.01 (0.72)	2.05 (0.73)	2.11 (0.74)
Difficulties falling asleep <i>n</i> (%)				
Almost every night/often	890 (14.83)	115 (31.08)	54 (32.53)	33 (33.00)
Early morning awakening <i>n</i> (%)				
Almost every night/often	342 (5.72)	55 (14.99)	30 (18.29)	12 (12.12)
Self-rated health <i>n</i> (%)				
Very good/good	5536 (90.19)	293 (77.72)	132 (77.65)	81 (78.64)
Not very good/poor	602 (9.81)	84 (22.28)	38 (22.35)	22 (21.36)
Help-seeking <i>n</i> (%)				
Psychologist	252 (4.39)	55 (16.18)	30 (19.87)	18 (18.75)
School health service	1249 (21.79)	91 (26.84)	36 (23.84)	34 (35.79)
Doctor at hospital	1719 (29.86)	130 (37.68)	55 (35.95)	42 (43.75)
All	3660 (67.48)	247 (77.43)	108 (78.83)	80 (88.89)
Physical activity <i>n</i> (%)				
High	2555 (41.59)	89 (23.61)	40 (23.81)	18 (16.98)
Moderate	2139 (34.82)	149 (39.52)	59 (35.12)	51 (48.11)
Low	1449 (23.59)	139 (36.87)	69 (41.07)	37 (34.91)
Alcohol intoxications <i>n</i> (%)				
Never	3087 (49.98)	217 (56.66)	94 (54.34)	65 (61.90)
1–10 times	1590 (25.74)	97 (25.33)	35 (20.23)	30 (28.57)
>10 times	1499 (24.27)	69 (18.02)	44 (25.43)	10 (9.52)
Smoking <i>n</i> (%)				
Current smoker	877 (14.37)	63 (16.54)	31 (18.02)	17 (16.19)

Missing values ranged between 0.9% (alcohol intoxications) and 14.4% (all help).

Regarding the SPAI-C questions, missing values ranged between 2.8 and 3.2% across the six items, and the summed mean SPAI-C score missed values for 4.4% of the participants (19 (4.9%) of the screening positives, and 4 (3.8%) of the SAD individuals). For SCL-5, missing values ranged between 2.6 and 2.8% across the five items, and the summed total mean score missed values for 3.5% (16 (4.1%) of the screening positives, 2 (1.9%) of the SAD individuals).

TABLE 2 Age- and sex adjusted associations (odds ratio and 95% confidence interval) between sociodemographic and health-related variables and the different subgroups of social anxiety.

	SAD (ADIS-C) screening pos (n=388)					
	All screening positives (n = 388)		Screening positives that did not meet to interview (n = 176)		Screening positives met to interview and diagnosed with SAD (n = 106)	
	OR	95% CI	OR	95% CI	OR	95% CI
Sex¹						
Boys	1		1		1	
Girls	2.28	1.82-2.84	2.20	1.60-3.04	4.18	2.59-6.76
Age distribution²						
13–15 years	1		1		1	
≥16 years	1.02	0.83-1.26	1.36	1.01-1.84	0.73	0.50-1.08
Family economy³						
Equal	1		1		1	
Worse	1.93	1.42-2.62	2.20	1.44-3.36	2.04	1.19-3.50
Better	0.88	0.65-1.20	0.84	0.53-1.35	0.51	0.24-1.06
SPAI-C³	4.17	3.64-4.78	4.16	3.47-4.99	4.99	3.98-6.26
SCL-5³	3.25	2.79-3.79	3.36	2.72-4.15	3.49	2.70-4.50
Difficulties falling asleep³						
Occasionally/never	1		1		1	
Almost every night/often	2.33	1.85-2.95	2.49	1.78-3.48	2.40	1.57-3.68
Early morning awakening³						
Occasionally/never	1		1		1	
Almost every night/often	2.67	1.96-3.64	3.38	2.24-5.12	2.03	1.09-3.76
Self-rated health³						
Very good/good	1		1		1	
Not very good/poor	2.52	1.94-3.26	2.46	1.69-3.57	2.44	1.51-3.97
Help seeking³						
No help seeking	1		1		1	
Psychologist	3.80	2.76-5.24	4.67	3.05-7.15	4.65	2.72-7.98
School health service	1.15	0.89-1.47	0.97	0.66-1.43	1.65	1.07-2.53
Doctor at hospital	1.35	1.08-1.69	1.23	0.88-1.72	1.72	1.14-2.59
All	1.44	1.09-1.90	1.48	0.97-2.26	3.41	1.75-6.64
Physical activity³						
High	1		1		1	
Moderate	1.87	1.43-2.45	1.65	1.10-2.49	3.06	1.78-5.26
Low	2.63	1.99-3.46	2.82	1.90-4.21	3.50	1.98-6.20
Alcohol intoxications³						
Never	1		1		1	
1-10 times	0.72	0.54-0.94	0.53	0.34-0.81	0.79	0.49-1.28
>10 times	0.51	0.37-0.71	0.63	0.40-0.98	0.28	0.13-0.60
Smoking³						
Never/previous smoker	1		1		1	
Current smoker	1.14	0.85-1.52	1.16	0.77-1.74	1.23	0.71-2.13

1) Adjusted only for age.
 2) Adjusted only for sex.
 3) Adjusted for age and sex.

set based on the ADIS-C interview alone (Rasmussen and Neumer, 2015). The original version of ADIS-C has shown promising reliability (Lyneham et al., 2007), whereas research on psychometric properties of the Norwegian version is limited (Rasmussen and Neumer, 2015). However, the instrument is widely used in specialist health service, and items largely resemble the diagnostic criteria described in DSM-IV. It is highly recommended that it is used/applied only by trained clinicians with knowledge to the instrument and the diagnostic criteria (Rasmussen and Neumer, 2015). All participants ($n = 6,610$) were asked the following three social anxiety items from the ADIS-C (yes/no): “When you are with others, at school, in restaurants or at parties, do you ever feel that people might think that something you do is stupid or dumb?”, “When you are with other people at school, restaurants, or parties, do you think that people might laugh at you?”, and “When you are in these situations with others (school, restaurants, and parties), do you worry that you might do something that will make you feel ashamed or embarrassed?”. Individuals who answered yes to one

or more questions were considered SP ($n = 388$) and invited to participate in a complete ADIS-C interview performed by specially trained psychiatric nurses. Those who answered no to all three questions were considered screening negative (SN; $n = 6,222$).

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

Publisher’s note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.