Correction

Kumar K, Raza K, Nightingale P, *et al.* A mixed methods protocol to investigate medication adherence in patients with rheumatoid arthritis of White British and South Asian origin. *BMJ Open* 2013;3:e001836. In the Introduction, second paragraph, 'Necessity–Concern framework' should have read 'Necessity–Concern Framework'.

In the section 'Phase 1: quantitative survey' the second paragraph should have read as follows:

"The BMQ will be used to measure beliefs about medicines. The BMQ questionnaire assesses perceptions of medication necessity and perceived concerns about medicines.^{16 31} The Specific scale: assesses patients' beliefs about the necessity of medication for maintaining present and future health (Necessity, score range from 5–25), and the Concern assesses the potential adverse consequences of using medication (Concern, score range from 6–30). The BMQ General scales: assesses patients' beliefs about the use of medicines and whether they are overprescribed by clinicians (Overuse, score range from 3–15). The Harm assesses patients' beliefs about the perceived risk of medicines being harmful addictive (Harm, scores range from 5–25). For both, Overuse and Harm scales, higher scores indicate a more negative perception towards medication in general."

The third paragraph should have defined IPQ as 'Illness Perception Questionnaire (IPQ)'.

In the section 'Choice of questionnaires', first paragraph, 'BMQ–concern scale' should have read 'BMQ–Concern scale'.

In the section 'Choice of questionnaires', the second paragraph should have read as follows:

"Patients usually require a rationale for their medication before following advice about taking it.³⁵ It is well known that 40% of patients on chronic medication do not take their medication as prescribed. It is likely that medication adherence is improved if patients are provided with information which addresses the issues they want to know about in a way that is comprehensible. Patient satisfaction with information can be measured using the SIMS³⁵. Furthermore, the SIMS has been shown to be consistent in patients with asthma, cardiac rehabilitation, diabetes, and oncology).³⁵ It also distinguishes between low and high adherence in RA.⁴⁰

In the section 'Choice of questionnaires', the third paragraph should have read as follows:

"The IPQ again has been used in a variety of conditions such as diabetes, hypertension, and HIV.¹¹ Amongst RA patients Hughes *et al*⁴¹ found that some of the IPQ domains were associated with low and high adherence. There are very few studies that provide evidence regarding illness perception amongst RA patients of South Asian origin. These help predict health behaviours such as medication adherence. For example, medication adherence in patients with hypercholesterolemia has been shown to be related to beliefs that the disease has severe coronary consequences.^{42 43} Hypertensive patients who believe that their condition is chronic are more likely to adhere to their antihypertensive medication than those who believe it to be an acute condition.^{42 43} The latter group of patients may view themselves to be cured. Looking at the association of the IPQ and MARS will be useful to determine associations with medication adherence."

In the section 'Choice of questionnaires', fourth paragraph, the first two sentences should not have been included. The third sentence should have read: 'In addition, data on demographic variables (such as age, gender, ethnicity, level of education) and disease-related variables such as disease activity score (DAS28) will be collected.'⁴⁷

In the section 'Patient engagement', first paragraph, 'patient User Group' should have read 'Patient User Group'.

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