

initial intervention given its efficacy, safety, and patient acceptability. Other approaches, such as antipsychotic augmentation, have concerning side effect profiles¹² and have not consistently demonstrated superiority relative to placebo in methodologically rigorous controlled trials.¹⁰

We are grateful to Namouz-Haddad and Nulman¹ for providing an excellent review of OCD in pregnancy and puerperium and treatment options for this population. Disseminating accurate and reliable treatment information to clinicians is of critical importance, as safe and effective treatment for this population is necessary for the well-being of both the mothers and newborns. In an effort to present well-rounded treatment suggestions, we suggest a more thorough and balanced explanation of CBT and the inherent benefits of this empirically supported behavioural treatment.

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Competing interests

None declared

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Reference

1. Fine B, Dhanoa D. Imaging appropriateness criteria. Why Canadian family physicians should care. *Can Fam Physician* 2014;60:217-8 (Eng), e144-6 (Fr).

Correction

Dans l'article intitulé en français «Critères de pertinence de l'imagerie. Pourquoi les médecins canadiens devraient s'en soucier» et, en anglais, «Imaging appropriateness criteria. Why Canadian family physicians should care», publié dans le numéro de mars 2014 du *Médecin de famille canadien*¹, les coordonnées pour la correspondance étaient incorrectes et auraient dû se lire comme suit :

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Reference

1. Fine B, Dhanoa D. Imaging appropriateness criteria. Why Canadian family physicians should care. *Can Fam Physician* 2014;60:217-8 (ang), e144-6 (Fr).

Correction

In the article "Imaging appropriateness criteria. Why Canadian family physicians should care," published in the March 2014 issue of *Canadian Family Physician*,¹ the correspondence information was incorrect. It should have read as follows: