



## Corrigendum

## Corrigendum to “Addressing discordant quantitative urine buprenorphine and norbuprenorphine levels: Case examples in opioid use disorder” [Drug Alcohol Depend. 186 (2018) 171–174]



Stephen R. Holt<sup>a,\*</sup>, Joseph H. Donroe<sup>a</sup>, Dana A. Cavallo<sup>b</sup>, Jeanette M. Tetrault<sup>a</sup>

<sup>a</sup> Department of Internal Medicine, Yale University School of Medicine, New Haven, CT, USA

<sup>b</sup> Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA

In this paper, the authors described the use of a nonjudgmental approach to addressing urine adulteration, when suspected. It has come to the attention of the authors that a comment in the discussion may have been misleading and could lead to inaccurate interpretation of buprenorphine and norbuprenorphine urine tests.

The authors wrote that “Best estimates indicate a NB:B ratio  $> 0.26$  has a sensitivity of 100% and a total urine B  $> 700$  has a specificity of 85% for detecting urine adulteration by medication submersion (1).” This statement would suggest that a NB:B ratio  $> 0.26$  serves to detect urine adulteration, when it is actually highly sensitive for excluding adulteration. The correct sentence should read:

“Best estimates indicate a NB:B ratio  $\geq 0.26$  has a sensitivity of 100% for excluding adulteration, and a total urine B  $\geq 700$  has a specificity of 85% for detecting urine adulteration by medication submersion (1).”

#### References

1. Donroe JH, Holt SR, O'Connor PG, Sukumar N, Tetrault JM. Interpreting quantitative urine buprenorphine and norbuprenorphine levels in office-based clinical practice. *Drug and alcohol dependence*. 2017; 180:46-51.

The authors would like to apologise for any inconvenience caused.

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\* Corresponding author at: Yale University School of Medicine, 1450 Chapel Street, Room P312, New Haven, CT, 06511, USA.

E-mail address: [stephen.holt@yale.edu](mailto:stephen.holt@yale.edu) (S.R. Holt).