CORRECTION Open Access



Correction: The relationship of acute delirium with cognitive and psychiatric symptoms after stroke: a longitudinal study

Vilde Nerdal^{1†}, Elise Gjestad^{1,2†}, Ingvild Saltvedt^{3,4}, Ragnhild Munthe-Kaas^{5,6}, Hege Ihle-Hansen^{7,8}, Truls Ryum¹, Stian Lydersen⁹ and Ramune Grambaite^{1,2,10*}

Correction: BMC Neurol 22, 234 (2022) https://doi.org/10.1186/s12883-022-02756-5

Following publication of the original article [1], the authors found that the following errors had occurred:

1

In Table 2, the data for Global Deterioration scale (GDS) and for aphasia were partly incorrect. The correct data are shown in Table 2 below.

2.

[†]Vilde Nerdal and Elise Gjestad are joint first authorship.

The online version of the original article can be found at https://doi.org/10.1186/s12883-022-02756-5.

*Correspondence:

Ramune Grambaite

ramune.grambaite@ntnu.no

¹Department of Psychology, Norwegian University of Science and Technology, Dragvoll Bygg 12, Edvard Bulls veg 1, Trondheim 7491, Norway

²Clinic of Medicine, St. Olavs Hospital, Trondheim University Hospital, Trondheim, Norway

³Department of Neuromedicine and Movement Science, Norwegian University of Science and Technology, Trondheim, Norway

⁴Department of Geriatrics, St. Olavs Hospital, Trondheim University Hospital, Trondheim. Norway

⁵Department of Medicine, Barum Hospital, Vestre Viken Hospital Trust, Sandvika, Norway

⁶Institute of Clinical Medicine, University of Oslo, Oslo, Norway

⁷Department of Neurology, Oslo University Hospital, Oslo, Norway ⁸Department of Medicine, Barum Hospital, Vestre Viken Hospital Trust, Sandvika, Norway

⁹Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway ¹⁰Health Services Research Unit (HOKH), Akershus University Hospital, Lorenskog, Norway On Page 3 there was a typo in the sentence.

"The Charlson Comorbidity Index [33] was used to classify the extent of comorbid diseases as mild (0-2), moderate [3–5] or severe (≥ 5) , and was registered upon admission."

The correct sentence is:

"The Charlson Comorbidity Index [33] was used to classify the extent of comorbid diseases as mild (0-2), moderate (3-5) or severe (≥ 5) , and was registered upon admission."

3.

On page 5 there was a typo in the sentence.

"Patients were hospitalized for mean 0.84 days, and 88% were admitted within day one of symptom debut."

The correct sentence is:

"Patients were hospitalized for mean 7.53 days, and 88% were admitted within day one of symptom debut."



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Nerdal et al. BMC Neurology (2025) 25:56 Page 2 of 3

Table 2 (Incorrect) Group differences in demographics and clinical characteristics for patients with and without delirium

	Delirium (<i>n</i> = 13)	Non-delirious (n = 126)	t/ x²	р
Age, M (SD)	79.5 (6.0)	70.6 (13.7)	4.34	0.000**
Years of education, M (SD)	12.5 (3.5)	13.9 (3.4)	-1.43	0.15
Gender, <i>n</i> female (%)	6 (46%)	62 (49%)	0.04	0.84
NIHSS at basline ¹ , M (SD)	4.5 (4.6)	2.8 (3.8)	1.35	0.17
MoCA at baseline ² , M (SD)	20.0 (2.2)	25.1 (4.7)	-3.10	0.002**
Premorbid dementia, n (%)	0	2	0.19	0.91
Complications ³ > 0, n (%)	7 (54.6)	27 (21.4)	-2.15	0.05
Charlson Comorbidity Index (CCI), M (SD)	4.1 (1.3)	3.6 (1.9)	-1.20	0.24
Global Deterioration Scale (GDS) < 3 ⁴				
Pre-stroke, n (%)	12 (92%)	124 (98%)	0.19	0.66
3 months, <i>n</i> (%)	4 (30%)	5 (4%)	14.0	0.003**
18 months, <i>n</i> (%)	4 (31%)	11 (9%)	5.9	0.024*
36 months, <i>n</i> (%)	3 (23%)	10 (8%)	3.2	0.079
Moderate to severe aphasia ⁵				
Baseline, n (%)	3 (23%)	19 (15%)	0.57	0.57
3 months, <i>n</i> (%)	0	4 (3%)	0.42	0.68
18 months, <i>n</i> (%)	0	3 (2%)	0.32	0.81
36 months, <i>n</i> (%)	0	0	0	1.0

Note. Higher values indicating more severe stroke symptoms. NIHSS at baseline done at day 1 of admittance to hospital. Lower values indicating poorer global cognitive function. MoCA assessment at baseline was done either at discharge or seven days after admittance for patients with longer hospital stay. Infections, seizures, neurological progression and falls registered during hospitalization. Values < 3 indication no to very mild cognitive decline. Values > 3 indicating potential dementia. Amount of patients with a level of aphasia causing interference with conversation, indicated by the value 2 (moderate) or 3 (severe) in the NIHSS item measuring aphasia. Indicating polevel < 0.01 indicating polevel < 0.05

Table 2 (Correct) Group differences in demographics and clinical characteristics for patients with and without delirium

	Delirium (<i>n</i> = 13)	Non-delirious (n = 126)	t/x ²	p
Age, M (SD)	79.5 (6.0)	70.6 (13.7)	4.34	0.000**
Years of education, M (SD)	12.5 (3.5)	13.9 (3.4)	-1.43	0.15
Gender, n female (%)	6 (46%)	62 (49%)	0.04	0.84
NIHSS at baseline ¹ , M (SD)	4.5 (4.6)	2.8 (3.8)	1.35	0.17
MoCA at baseline 2 , M (SD)	20.0 (2.2)	25.1 (4.7)	-3.10	0.002**
Premorbid dementia, n (%)	0	2	0.19	0.91
Complications $^3 > 0$, n (%)	7 (54.6)	27 (21.4)	-2.15	0.05
Charlson Comorbidity Index (CCI), M (SD)	4.1 (1.3)	3.6 (1.9)	-1.20	0.24
Global Deterioration Scale (GDS) < 3 ⁴				
Pre-stroke, n (%)	12/12 (100%)	124/126 (98%)	0.19	0.92
3 months, <i>n</i> (%)	2/10 (20%)	91/120 (76%)	14.1	0.001**
18 months, <i>n</i> (%)	2/9 (22%)	71/120 (70%)	4.7	0.032*
36 months, <i>n</i> (%)	2/6 (33%)	70/84 (83%)	8.7	0.026*
Moderate to severe aphasia ⁵				
Baseline, n (%)	2/13 (15%)	8/126 (6%)	1.44	0.27
3 months, <i>n</i> (%)	0/10	4/120 (3%)	0.34	0.80
18 months, <i>n</i> (%)	0/8	3/102 (3%)	0.24	0.89
36 months, <i>n</i> (%)	0/6	0/83	0	1.0

Note. Higher values indicating more severe stroke symptoms. NIHSS at baseline done at day 1 of admission to hospital. Lower values indicating poorer global cognitive function. MoCA assessment at baseline was done either at discharge or seven days after admittance for patients with longer hospital stay. Infections, seizures, neurological progression and falls registered during hospitalization. Values < 3 indication no to very mild cognitive decline. Values > 3 indicating potential dementia. Amount of patients with a level of aphasia causing interference with conversation, indicated by the value 2 (moderate) or 3 (severe) in the NIHSS item measuring aphasia. indicating p-level < 0.01 indicating p-level < 0.05

Nerdal et al. BMC Neurology (2025) 25:56 Page 3 of 3

Published online: 11 February 2025

References

 Nerdal V, Gjestad E, Saltvedt I, et al. The relationship of acute delirium with cognitive and psychiatric symptoms after stroke: a longitudinal study. BMC Neurol. 2022;22(1):234. https://doi.org/10.1186/s12883-022-02756-5.

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.