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# Corrigendum: Tactile low frequency vibration in dementia management: A scoping review

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## A corrigendum on

Tactile low frequency vibration in dementia management: A scoping review

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In the published article, there was an error. The wording was misleading to the results of the cited article, Clements-Cortes et al. (2016). A correction has been made to Participant Responses to the Low Frequency Vibration Interventions section, paragraph two. The corrected paragraph is below.

The 40-Hz sound vibration stimulation improved cognition in mild, moderate, and severe AD participants in Clements-Cortes et al. (2016). The results indicate the increased SLUMS scores for 40 Hz diminish with disease severity, however this was statistically insignificant and results were nevertheless significant. Alternatively, in the mechanical vibration studies, the sample size was not large enough to conduct subgroup analyses to compare the impact of WBV on mild and moderate dementia (Lam et al., 2018). BPSD was not assessed by Heesterbeek et al. (2019a), however, even in these severe cases, attendance was still high and participants indicated the sessions were pleasant. EEG activation was significantly improved in mild dementia (Kim and Lee, 2018). These results may indicate that the intervention, although pleasant for those in the later stages of dementia, may be less effective for slowing cognitive decline. However, as mentioned by Clements-Cortes et al. (2016), accurately measuring small changes in cognition is problematic when only questionnaires are used and neuroimaging to supplement these outcomes is necessary. Still, the qualitative outcomes supported the

quantitative results in the sound vibration versus DVD (control group) comparison. The qualitative findings showed the control intervention had a sedative effect on participants as well as increasing agitation, boredom, and tiredness. In the sound vibration group, participants had increased awareness of their surroundings, were stimulated to engage in discussions or storytelling and had increased interaction, and were generally more alert. The authors reported that sound vibration appeared to have the largest effect on participants with mild to moderate Alzheimer's disease. Medication patterns and staff absences were also measured in one study (Mercado and Mercado, 2006); there was a 91% reduction in medication "as needed," and a 36% reduction in medication required immediately. During the three-month baseline period, there were 482 calls from staff members requesting unplanned absences which reduced to 270

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at the conclusion of the intervention, indicating the general atmosphere was also more pleasant for staff.

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

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