''Umeclidinium in patients with COPD: a randomised, placebo-controlled study.'' Roopa Trivedi, Nathalie Richard, Rashmi Mehta and Alison Church. *Eur Respir J* 2014; 43: 72–81.

Unfortunately the interpretation of the transitional dyspnoea index (TDI) score data at day 84 was incorrect for the umeclidinium 62.5 μg dose in the abstract and body of the text in this article. It was stated that improvements in the least squares mean TDI focal score for the umeclidinium 62.5 μg dose, compared with placebo, was significant; however, because $p=0.05$ (as opposed to $p<0.05$), the improvement was not significant.

The corrected abstract (paragraph 3, penultimate sentence) should read:

''Significant improvements in least squares mean transitional dyspnoea index focal score for UMEC 125 μg (1.3 units; $p<0.05$) and change from baseline St George's Respiratory Questionnaire total score for both UMEC doses (-7.9 and -10.87 units, for UMEC 62.5 μg and 125 μg, respectively; both $p<0.001$) were noted compared with placebo at week 12.''

The corrected second and third sentences in the ''Results: Dyspnoea and rescue medication use'' section should read:

''Patients receiving UMEC demonstrated statistically significant improvements in LSM TDI focal score compared with placebo at all time points except for UMEC 62.5 μg at day 84 (fig. 4). At day 84, both UMEC doses demonstrated improvements in LSM TDI focal score compared with placebo which met the minimal clinically important difference (MCID) for the TDI [17] (1.0, 95% CI 0.0–2.0, $p=0.05$ for UMEC 62.5 μg; and 1.3, 95% CI 0.3–2.3, $p<0.05$ for UMEC 125 μg).''

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