and that "priority should be given to strategies to implement QoL" [. . .] seem particularly unfounded'. We did not conclude with these two sentences, which were taken from the Discussion (the function of which differs from the conclusion[5]) without heed to what was written before and after. In fact, we stated that 'Priority should be given to strategies to implement QoL measurements in routine practice', especially because 'clinicians did not optimally use the QoL feedback' and 'obtaining QoL data in an efficient, real-time manner is difficult and rare in clinical practice'.

Last, we were pleased to read that Langford & Badenoch felt that the existence of a nocebo effect in the QoL assessment group with feedback was the most salient finding, as this was an issue that we extensively discussed in our manuscript.

In conclusion, it is important to insist that any result reported in a study must be interpreted considering the objective and the design of the study and, more globally, in the context of current scientific knowledge. In agreement with Karl Popper, we believe that scientific objectivity is based on intersubjectivity and the ethics of discussion. We hope that our answer will close the gap between our scientific work and the understanding of Langford & Badenoch.

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Correction

Treatment for mild cognitive impairment: systematic review. *BJP*, **203**, 255–264. In the paragraph headed 'B vitamins' in the Results (p. 261) the last sentence should read: De Jager *et al*[30] found in a lower-quality (validity score: 4), 2-year study that executive functioning improved relative to placebo (Table DS2).

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