Corrections

Correction to the Article by Dalama et al. "New Oral Hypoglycemic Agents and Cardiovascular Risk. Crossing the Metabolic Border". *Rev Esp Cardiol*. 2016;69:1088-1097

Corrección en el artículo de Dalama et al. «Nuevos hipoglucemiantes orales y riesgo cardiovascular. Cruzando la frontera metabólica». Rev Esp Cardiol. 2016;69:1088-1097

In the article by Dalama et al. "New oral hypoglycemic agents and cardiovascular risk. Crossing the metabolic border" published in Rev Esp Cardiol. 2016;69:1088-97, the following information has been added in the Table 2:

*Approved by the FDA. The EMA recommends not starting this drug if GFR < 60, but if treatment has already started, the dose should be reduced to 10 mg/day.

**Approved by the FDA. The EMA recommends not starting this drug if GFR < 60.

The correct table is:

Table 2
Indications for Sodium-glucose Cotransporter 2 Inhibitor Initiation and Dose Adjustment Based on Glomerular Filtration Rate and Age

	eGFR ≥ 60 mL/min/1.73 m^2	eGFR ≥ 45-60 mL/min/1.73 m^2	eGFR ≥ 30-45 mL/min/1.73 m^2	eGFR < 30 mL/min/1.73 m^2	Age
Dapagliflozin	• Start with 10 mg/day[a]	• Do not start • Discontinue if receiving treatment and GFR < 60[b]	• Do not start • Discontinue if receiving treatment	• Do not start • Discontinue if receiving treatment	< 75 y
Empagliflozin	• Start with 10 mg/day • Increase to 25 mg/day if there is good tolerance and need for better glycemic control	• Start with 10 mg/day* • Increase to 25 mg/day if there is good tolerance and need for better glycemic control	• Do not start • Discontinue if receiving treatment and GFR < 45[b]	• Do not start • Discontinue all drug doses	< 85 y[c]
Canagliflozin[d]	• Start with 100 mg/day • Increase to 300 mg/day if there is good tolerance and need for better glycemic control	• Start with 100 mg/day and do not increase** • Reduce to 100 mg/day if patient is being treated with 300 mg	• Do not start • Discontinue if receiving treatment and GFR < 45[b]	• Do not start • Discontinue all drug doses	> 18 y[e]

eGFR, estimated glomerular filtration rate; EMA, European Medicines Agency; FDA, Food and Drug Administration; GFR, glomerular filtration rate.
[a] Patients with liver failure should be started on 5 mg/day.
[b] Persistent.
[c] Warning of possible hypovolemia in patients older than 75 years.
[d] Although its pharmacokinetics are not affected by food, it should be taken before the first food intake of the day due to its potential ability to delay intestinal absorption of glucose.
[e] Precaution should be exercised before the dose is increased in patients older than 75 years.
[*] Approved by the FDA. The EMA recommends not starting this drug if GFR < 60, but if treatment has already started, the dose should be reduced to 10 mg/day.
[**] Approved by the FDA. The EMA recommends not starting this drug if GFR < 60.

This correction was introduced in the electronic version of the article on 9/12/2016.

SEE RELATED CONTENT:
http://dx.doi.org/10.1016/j.rec.2016.07.008

http://dx.doi.org/10.1016/j.rec.2016.11.034

Correction in the Spanish translation of the article by Ponikowski et al. "2016 ESC Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure", *Rev Esp Cardiol*. 2016;69:1167.e1-e85

Corrección en la traducción al español del artículo de Ponikowski et al. "Guía ESC 2016 sobre el diagnóstico y tratamiento de la insuficiencia cardiaca aguda y crónica", Rev Esp Cardiol. 2016;69:1167.e1-e85

In the article by Ponikowski et al. *2016 ESC Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure. Eur Heart J.* 2016;37:2129-2200, the following sentence, which appeared in the ahead of print version, has been eliminated: "*In the SIGNIFY trial in patients with activity-limiting angina without HF, ivabradine increased the risk of death from cardiovascular causes or non-fatal myocardial infarction and therefore is not recommended in this setting.*"

The Spanish translation of the guideline, published in *Rev Esp Cardiol*. 2016;69:1167.e1-e85, was based on the first ahead of print version. After the publication of the correct print version in *European Heart Journal* and communication of this discrepancy, the translation of this sentence was eliminated from the electronic version of the article on February 23, 2017.

SEE RELATED CONTENT:
http://dx.doi.org/10.1016/j.rec.2016.11.005

http://dx.doi.org/10.1016/j.rec.2017.02.027

Correction in article by Huerta et al. "Accuracy of Self-Reported Diabetes, Hypertension and Hyperlipidemia in the Adult Spanish Population. DINO Study Findings". Rev Esp Cardiol. 2009;62:143-152

Corrección en el artículo de Huerta et al. «Validez del diagnóstico referido de diabetes, hipertensión e hiperlipemia en población adulta española. Resultados del estudio DINO». Rev Esp Cardiol. 2009;62:143-152

An error has been detected in the English version of the article by Huerta et al., entitled "Accuracy of Self-Reported Diabetes, Hypertension and Hyperlipidemia in the Adult Spanish Population. DINO Study Findings", published in Rev Esp Cardiol. 2009;62:143-152.

In the English version, the first 2 rows of Table 3 were reversed. The correct table, with the values as they appear in the Spanish version, is the following:

Table 3
Validity Indices of Self-Reported Chronic Conditions in the Study Sample

	Diabetes		Hypertension		Hyperlipidemia	
	Gold Standard					
	GS+	GS–	GS+	GS–	GS+	GS–
Self-reported (SR)						
Yes	115	6	270	32	316	207
No	50	1384	277	967	601	617
Prevalence by self-report, % (95% CI)	7.8 (6.5-9.3)		19.5 (17.6-21.6)		21.6 (19.6-23.8)	
Prevalence by gold standard, % (95% CI)	10.6 (9.1-12.3)		35.4 (33.0-37.8)		59.0 (56.5-61.5)	
Sensitivity, % (95% CI)	69.7 (62.0-76.5)		49.4 (45.1-53.6)		34.5 (31.4-37.7)	
Specificity, % (95% CI)	99.6 (99.0-99.8)		96.8 (95.5-97.8)		96.9 (95.1-98.0)	
PPV, % (95% CI)	95.0 (89.1-98.0)		89.4 (85.2-92.5)		94.0 (90.8-96.2)	
NPV, % (95% CI)	96.5 (95.4-97.4)		77.8 (75.3-80.0)		50.7 (47.8-53.5)	
Kappa (95% CI)	0.78 (0.73-0.84)		0.51 (0.47-0.56)		0.27 (0.22-0.33)	

This correction was introduced in the online version of the article on February 23, 2017.

http://dx.doi.org/10.1016/j.rec.2017.01.027