

Corrections

Correction in article by Cano Pérez et al. “Spanish Pacemaker Registry. 16th Official Report of the Spanish Society of Cardiology Working Group on Cardiac Pacing (2018)”, *Rev Esp Cardiol.* 2019;72:944–953



Corrección en el artículo de Cano Pérez et al. «Registro Español de Marcapasos. XVI Informe Oficial de la Sección de Estimulación Cardíaca de la Sociedad Española de Cardiología (2018)», *Rev Esp Cardiol.* 2019;72:944–953

In the article “Spanish Pacemaker Registry. 16th Official Report of the Spanish Society of Cardiology Working Group on Cardiac Pacing (2018)” an error has been detected in figure 7. The number for 2016 VVI/R appears incorrectly as 27.4, when it should be 29.2.

The corrected figure is:



Figure 7. Trends in pacing modes in intraventricular conduction defect from 2009 to 2018. DDD/R, sequential pacing with 2 leads; VDD/R, single-lead sequential pacing; VVI/R, single-chamber ventricular pacing.

This correction has been made to the electronic version of the article, on 12th October.

SEE RELATED CONTENT:

<https://doi.org/10.1016/j.rec.2019.07.014>

<https://doi.org/10.1016/j.rec.2020.09.032>

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Correction in article by Bonanad et al. “Coronavirus: the geriatric emergency of 2020. Joint document of the Section on Geriatric Cardiology of the Spanish Society of Cardiology and the Spanish Society of Geriatrics and Gerontology”, *Rev Esp Cardiol.* 2020;73:569-576



Corrección en el artículo de Bonanad et al. «Coronavirus: la emergencia geriátrica de 2020. Documento conjunto de la Sección de Cardiología Geriátrica de la Sociedad Española de Cardiología y la Sociedad Española de Geriátrica y Gerontología», *Rev Esp Cardiol.* 2020;73:569-576

Several errors were detected in the English translation of table 3 of the article “Coronavirus: the geriatric emergency of 2020. Joint document of the Section on Geriatric Cardiology of the Spanish Society of Cardiology and the Spanish Society of Geriatrics and Gerontology”. The correct table is:

SEE RELATED CONTENT:

<https://doi.org/10.1016/j.rec.2020.05.001>

Table 3

Adverse cardiovascular effects of drugs investigated for COVID-19 treatment

Chloroquine/hydroxychloroquine	Use carefully in patients with previous heart disease, with QT at the upper limit of normal or on treatment with QT interval-prolonging agents,* electrolyte abnormalities (particularly hypokalemia or hypomagnesemia), clinically-relevant bradycardia, arrhythmia, or severe heart failure. The dosage must be adjusted in chronic kidney disease (glomerular filtration rate < 50 mL/min).
Lopinavir/ritonavir	Use carefully in patients with previous heart disease, with QT already at the upper limit of normal or on treatment with QT interval-prolonging agents*, electrolyte abnormalities (particularly hypokalemia or hypomagnesemia), clinically-relevant bradycardia, arrhythmia, or severe heart failure.
Azithromycin	Chronic kidney disease, fulminant hepatitis; carefully in patients with arrhythmogenic disease (particularly female and elderly patients), congenital or confirmed QT interval prolongation,* electrolyte abnormalities (particularly hypokalemia or hypomagnesemia), clinically-relevant bradycardia, arrhythmia, or severe heart failure.
Remdesivir	Hypotension during infusion. Unknown CV interactions.
Tocilizumab	Hypertriglyceridemia, elevated transaminases. Unknown CV interactions.
Interferon β -1b	Flu-like illness. Liver failure. No CV interactions reported.
Cyclosporin	Hypertension, hyperlipidemia, hyperuricemia, hyperkalemia, hypomagnesemia.

CV, cardiovascular.

* QT interval-prolonging agents: class IA (quinidine and procainamide) and III (dofetilide, amiodarone, and sotalol) antiarrhythmics, cisapride, terfenadine, antipsychotics such as pimozide, antidepressants such as citalopram, and fluoroquinolones such as moxifloxacin and levofloxacin.

This correction has been made in the electronic version of the article on 12 October.

<https://doi.org/10.1016/j.rec.2020.09.032>

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