Corrigendum

Corrigendum on “American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm - 2023 Update”

Authors of the American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm - 2023 Update. Endocr Pract. 2023 May;29(5):305-340. https://doi.org/10.1016/j.eprac.2023.02.001. PMID: 37150579 have identified an error and offer the following corrections:

1. On page 315 in the sentence:
   “The non-dihydropyridine calcium channel blockers…”
   The correct statement is:
   “The dihydropyridine calcium channel blockers…”

2. On page 317 in the sentence:
   “The 3 GLP-1 RA agents approved by the FDA to reduce the risk of MACEs (including stroke) are dulaglutide (with or without established ASCVD), liraglutide, and subcutaneous semaglutide (in persons with established CVD).”
   Reference 139 should be deleted, as it was added inadvertently:
   Only reference 143 should appear after this sentence as:
   “The 3 GLP-1 RA agents approved by the FDA to reduce the risk of MACEs (including stroke) are dulaglutide (with or without established ASCVD), liraglutide, and subcutaneous semaglutide (in persons with established CVD).”

3. On page 329, Algorithm Fig. 5 (ASCVD Risk Reduction Algorithm: Hypertension) footnote 4, states:
   “Non-dihydropyridine amlodipine or nifedipine unless indication for dihydropyridine.”
   Footnote 4 incorrectly labels amlodipine and nifedipine as non-dihydropyridine medications. The intent was for the more vasodilatory dihydropyridines to be the first choice among calcium channel blockers.
   Footnote 4 should state:
   “Dihydropyridine amlodipine or nifedipine unless indication for non-dihydropyridine.”

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