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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-dihdropyridine 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)."^{139,143}

Reference 139 should be deleted, as it was added inadvertently:

139. Holman RR, Coleman RL, Chan JCN, et al. Effects of acarbose on cardiovascular and diabetes outcomes in patients with coronary heart disease and impaired glucose tolerance (ACE): a randomised, double-blind, placebo-controlled trial. Lancet Diabetes Endocrinol. 2017;5(11):877e886. https://doi.org/10.1016/s2213-8587(17)30309-1.

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)."¹⁴³

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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