

CORRECTION



Park JJ, Kim S-H, Oh I-Y, Choi D-J, Park H-A, Cho H-J, Lee H-Y, Cho J-Y, Kim KH, Son J-W, Yoo B-S, Oh J, Kang S-M, Baek SH, Lee GY, Choi JO, Jeon E-S, Lee SE, Kim J-J, Lee J-H, Cho M-C, Jang SY, Chae SC, Oh B-H

The Effect of Door-to-Diuretic Time on Clinical Outcomes in Patients With Acute Heart Failure

J Am Coll Cardiol HF 2018;6:286–94.

On page 290, an incorrect table was published as Table 2. “NYHA functional class” was changed to “NYHA”; “GWTG-HF Score” was changed to “GWTG Score”; and “Odds Ratio” and “95% CI” values were changed throughout the table. The corrected table is below.

TABLE 2 Predictors of Delayed D2D Time*			
	p Value	Odds Ratio	95% CI
Ischemic heart disease	0.004	0.74	0.60–0.91
Atrial fibrillation	0.017	1.31	1.05–1.64
COPD	0.033	1.43	1.03–1.98
NYHA	<0.001	0.76	0.65–0.88
Heart rate	<0.001	0.99	0.98–0.99
GWTG Score	0.030	1.01	1.00–1.03

*Binary logistic regression with forward conditional modeling (delayed group as outcome variable): included variables were age, sex, and those with $p < 0.10$ in univariate analysis. Variables included in the multivariable analyses were sex, age, ischemic heart disease, atrial fibrillation, previous valvular heart disease, COPD, current smoker, CRT implantation, NYHA functional class, systolic blood pressure (mm Hg), heart rate, lung congestion on radiography, LVEF, and GWTG-HF Score, and institution name.
CI = confidence interval; D2D = door-to-diuretic; GWTG = Get With the Guidelines; other abbreviations as in Table 1.

On page 289 (left column, last paragraph)

The text reads as follows:

In a logistic regression analysis, the presence of ischemic heart disease and a higher GWTG score were independently associated with delayed D2D time, whereas atrial fibrillation, chronic obstructive pulmonary disease, advanced NYHA functional class, and a higher heart rate were associated with early D2D time.

It should have read as follows:

In a logistic regression analysis, the presence of atrial fibrillation and COPD and a higher GWTG score were independently associated with delayed D2D time, whereas ischemic heart disease, advanced NYHA functional class, and a higher heart rate were associated with early D2D time.

The authors apologize for these errors.

The online version of the paper has been corrected to reflect these changes.

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