

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	<ul style="list-style-type: none"> Start with 10 mg/day^a 	<ul style="list-style-type: none"> Do not start Discontinue if receiving treatment and GFR < 60^b 	<ul style="list-style-type: none"> Do not start Discontinue if receiving treatment 	<ul style="list-style-type: none"> Do not start Discontinue if receiving treatment 	< 75 y
Empagliflozin	<ul style="list-style-type: none"> Start with 10 mg/day Increase to 25 mg/day if there is good tolerance and need for better glycemic control 	<ul style="list-style-type: none"> Start with 10 mg/day[*] Increase to 25 mg/day if there is good tolerance and need for better glycemic control 	<ul style="list-style-type: none"> Do not start Discontinue if receiving treatment and GFR < 45^b 	<ul style="list-style-type: none"> Do not start Discontinue all drug doses 	< 85 y ^c
Canagliflozin ^d	<ul style="list-style-type: none"> Start with 100 mg/day Increase to 300 mg/day if there is good tolerance and need for better glycemic control 	<ul style="list-style-type: none"> Start with 100 mg/day and do not increase^{**} Reduce to 100 mg/day if patient is being treated with 300 mg 	<ul style="list-style-type: none"> Do not start Discontinue if receiving treatment and GFR < 45^b 	<ul style="list-style-type: none"> 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.

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<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."