



University of Southern Denmark

Correction to

How Common is Statin Use in the Oldest Old? (Drugs & Aging (10.1007/s40266-018-0567-x))

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Published in:
Drugs & Aging

DOI:
10.1007/s40266-018-0595-6

Publication date:
2018

Document version:
Accepted manuscript

Citation for pulished version (APA):

Thompson, W., Pottegård, A., Nielsen, J. B., Haastrup, P., & Jarbøl, D. E. (2018). Correction to: How Common is Statin Use in the Oldest Old? (Drugs & Aging (10.1007/s40266-018-0567-x)). *Drugs & Aging*, 35(11), 1025. <https://doi.org/10.1007/s40266-018-0595-6>

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DRAA-D-18-00062 correction

There is an error in the second paragraph of the section “Factors associated with statin use in the oldest old”. The introductory lines to two sentences were mixed up, which also affected interpretation of these studies with respect to the effect of co-morbidities.

The paragraph should read:

In the outpatient population, Chokshi et al reported that a higher co-morbidity index was associated with a lower chance of receiving a statin¹⁵ while Noaman et al reported that a higher co-morbidity index increased likelihood of receiving a statin on hospital admission.²⁶ Gnjjidic et al found that those with a higher co-morbidity index were more likely to receive a statin in a nursing home population.¹⁴ Further, Tija et al studied the advanced dementia population living in a nursing home and reported that statin use was more likely in patients with co-morbidities such as hypertension, diabetes or stroke.²⁴ These findings suggest conflicting evidence for the effect of co-morbidities on statin use in the community, while increasing co-morbidity appears to raise the likelihood of receiving a statin for persons living in nursing homes. One explanation is that in the Gnjjidic et al study, 94% of statin users were receiving statins for secondary prevention at baseline.¹⁴ Thus, even with more co-morbidities, the validity of statin use may be perceived to be greater and people would be kept on statins.

It currently reads:

In the outpatient population, Chokshi et al reported that a higher co-morbidity index was associated with a lower chance of receiving a statin¹⁵ ~~This is in line with the findings of while~~ Noaman et al, ~~who~~ reported that a higher co-morbidity index increased likelihood of receiving a statin on hospital admission.²⁶ ~~In contrast,~~ Gnjjidic et al found that those with a higher co-morbidity index were more likely to receive a statin in a nursing home population.¹⁴ Further, Tija et al studied the advanced dementia population living in a nursing home and reported that statin use was more likely in patients with co-morbidities such as hypertension, diabetes or stroke.²⁴ These findings suggest conflicting evidence for the effect of that the presence of multiple co-morbidities on statin use decreases the likelihood of receiving a statin in the community, while increasing co-morbidity appears to but raise the likelihood of receiving a statin in for persons living in nursing homes. One explanation ~~for the discrepancy~~ is that in the Gnjjidic et al study, 94% of statin users were receiving statins for secondary prevention at baseline.¹⁴ Thus, even with more co-morbidities, the validity of statin use may be perceived to be greater and people would be kept on statins.