Correction to
Thompson, Wade; Pottegård, Anton; Nielsen, Jesper Bo; Haastrup, Peter; Jarbøl, Dorte Ejg

Published in:
Drugs & Aging

DOI:
10.1007/s40266-018-0595-6

Publication date:
2018

Document version
Accepted manuscript

Citation for published version (APA):

Terms of use
This work is brought to you by the University of Southern Denmark through the SDU Research Portal. Unless otherwise specified it has been shared according to the terms for self-archiving. If no other license is stated, these terms apply:

• You may download this work for personal use only.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying this open access version

If you believe that this document breaches copyright please contact us providing details and we will investigate your claim. Please direct all enquiries to puresupport@bib.sdu.dk

Download date: 26. Jan. 2020
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 statin\textsuperscript{15} while Noaman et al reported that a higher co-morbidity index increased likelihood of receiving a statin on hospital admission.\textsuperscript{26} Gnjidic et al found that those with a higher co-morbidity index were more likely to receive a statin in a nursing home population.\textsuperscript{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.\textsuperscript{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 Gnjidic et al study, 94% of statin users were receiving statins for secondary prevention at baseline.\textsuperscript{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 statin\textsuperscript{15} \textit{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 \textit{on hospital admission}.\textsuperscript{26} In contrast, Gnjidic et al found that those with a higher co-morbidity index were more likely to receive a statin in a nursing home population.\textsuperscript{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.\textsuperscript{24} These findings suggest \textit{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 Gnjidic et al study, 94% of statin users were receiving statins for secondary prevention at baseline.\textsuperscript{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.}