

CORRECTION

Correction: Benefit and harm of intensive blood pressure treatment: Derivation and validation of risk models using data from the SPRINT and ACCORD trials

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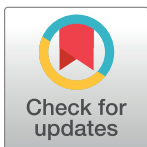
There is an error in the caption for Table 2. Please see correct Table 2 caption here.

Example is shown for a 65-year-old, non-diabetic black man with blood pressure 140/90 mm Hg, taking 1 blood pressure medication currently, who is a former tobacco smoker, who is not taking aspirin but taking a statin, with serum creatinine 97.2 $\mu\text{mol/l}$ (1.1 mg/dl), total cholesterol 4.9 mmol/l (190 mg/dl), HDL cholesterol 1.3 mmol/l (50 mg/dl), triglycerides 1.4 mmol/l (120 mg/dl), and body mass index 30 kg/m². Note that 0.943 is the baseline probability of an event not happening by 5 years, and 6.766 is the mean of the summed values and coefficients in the SPRINT cohort. *Scores are shown for the SPRINT-derived model; the model adjusted for higher baseline hazard rates among individuals with type 2 diabetes using ACCORD-BP is absolute risk reduction = $(1 - 0.881^{\exp[\text{raw score for standard therapy} - 6.44]}) - (1 - 0.881^{\exp[\text{raw score for intensive therapy} - 6.44]})$. Note that 0.881 is the baseline probability of an event not happening by 5 years, and 6.44 is the mean of the summed values and coefficients in the ACCORD-BP cohort. CVD, cardiovascular disease; HDL, high-density lipoprotein.

<https://doi.org/10.1371/journal.pmed.1002410.t002>

Reference

1. Basu S, Sussman JB, Rigdon J, Steimle L, Denton BT, Hayward RA (2017) Benefit and harm of intensive blood pressure treatment: Derivation and validation of risk models using data from the SPRINT and ACCORD trials. *PLoS Med* 14(10): e1002410. <https://doi.org/10.1371/journal.pmed.1002410> PMID: 29040268



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