

N-Terminal Pro-B-Type Natriuretic Peptide Is a Predictor of Chronic Kidney Disease in an Asian General Population

— The Ohasama Study —

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The authors apologize for the mistakes in the Results section. In Table 4, sex, current or ex-smoker, current or ex-drinker, hypercholesterolemia, diabetes mellitus, history of CVD, and antihypertensive medication should have been treated as binary variables coded as 1 or 0. However, the authors used the binary variables divided by 1-standard deviation. This error caused an underestimation of the hazard ratios of the binary variables. For example, the standard deviation of sex (men=1 and women=0) was calculated as 0.47, although it is an inappropriate calculation. Thus, the correct hazard ratio of men is calculated as follows: 0.80 [the value before correction]^(1/0.47)=0.62 [after correction]. All corrections are shown below.

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Table 4. HR for CKD Development of Covariates				
Variables	HR (95% CI)	X ²	P-value	
Sex (men=1, women=0)	0.62 (0.34–1.14)	2.37	0.12	
Age (1-SD [10.2 years] increase)	1.22 (0.97–1.52)	2.95	0.086	
BMI (1-SD [3.02 kg/m ²] increase)	1.03 (0.88–1.21)	0.17	0.68	
Current or ex-smoker (=1, non-smoker=0)	1.92 (1.05–3.49)	4.53	0.033	
Current or ex-drinker (=1, non-drinker=0)	1.16 (0.79–1.70)	0.55	0.46	
Hypercholesterolemia (=1, non-hypercholesterolemia=0)	0.83 (0.59–1.17)	1.10	0.29	
Diabetes mellitus (=1, non-diabetes mellitus=0)	1.61 (0.94–2.77)	2.98	0.085	
History of CVD (=1, no history of CVD=0)	0.93 (0.34–2.58)	0.017	0.90	
Antihypertensive medication (=1, no antihypertensive medication=0)	1.02 (0.70–1.48)	0.0097	0.92	
SBP (1-SD [=13.4-mmHg] increase)	1.06 (0.91–1.24)	0.57	0.45	
eGFR (1-SD [=17.2-mL/min/1.73m ²] decrease)	3.18 (2.47–4.09)	81.1	<0.0001	
lnNT-proBNP (1-SD [=0.87] increase)	1.26 (1.05–1.51)	5.97	0.015	

We calculated the HR (95% CI) for CKD development per 1-SD increase in age, BMI, SBP, baseline eGFR, and lnNT-proBNP. For binary variables, the hazard ratio of code "1" (vs. "0") is indicated. Abbreviations as in Table 1.

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