

Erratum



Erratum: Dietary Antioxidant Capacity and Its Association with Preeclampsia

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► This corrects the article “Dietary Antioxidant Capacity and Its Association with Preeclampsia” in volume 6 on page 47.

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We would like to correct the text as written below. The changes are underlined. In addition, values in the table have been corrected. The publisher would like to apologize for any inconvenience caused.

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ABSTRACT

Preeclampsia (PE) is one of the major disorders in pregnancy that leads to many adverse maternal outcomes. Although the etiology of PE is not fully understood, recent studies suggest that an imbalance between free radicals production and the antioxidant defense system might have key role. Our aim of the current study was to evaluate the association between dietary total antioxidant capacity (TAC), serum TAC and risk of PE in women with preeclampsia and normal pregnancy. This case-control study conducted on 55 women with preeclampsia and 93 with normal pregnancy. Dietary intakes were obtained by a semi-quantitative food frequency questionnaire (FFQ) with 168 items. Dietary TAC was assessed according to United States Department of Agriculture (USDA) database for oxygen radical absorbance capacity (ORAC), Release 2. Serum TAC was measured by a double-antibody sandwich enzyme-linked immunosorbent assay (ELISA). After adjusting for energy, pre-pregnant body mass index (BMI) and history of PE, no relationship was found between intake of hydrophilic-ORAC (H-ORAC), lipophilic-ORAC (L-ORAC), total phenolics (TP), total-ORAC (T-ORAC), and PE risk. However, serum TAC had a significant positive relationship with the risk of PE after adjusting for energy (odds ratio [OR], 0.07; 95% confidence interval [CI], 0.01–0.24), BMI and history of PE (OR, 0.04; 95% CI, 0.01–0.32). Findings of this study indicate that serum TAC is positively associated with the risk of PE but no association was found between intake of antioxidant indices and PE risk.

In page 49, fourth paragraph

To calculate dietary TAC for each participant, we used the United States Department of Agriculture (USDA) database for oxygen ...

In page 51, second paragraph
 ... with risk of PE after adjusted for energy (OR, 0.07; 95% CI, 0.01–0.24) and further
 adjusted for BMI and history of PE (OR, 0.04; 95% CI, 0.01–0.32).

Table 4. TAC intake

ORAC database	Preeclamptic (n = 55)	Normal pregnancy (n = 93)	OR1 (95% CIs)	OR2 (95% CIs)
H-ORAC, $\mu\text{molTE}/100\text{ g}$				
< 13,673	24	49	1.00	1.00
\geq 13,673	31	42	0.51 (0.25–1.05)	0.58 (0.25–1.38)
L-ORAC, $\mu\text{molTE}/100\text{ g}$				
< 139.4	27	46	1.00	1.00
\geq 139.4	28	46	0.64 (0.30–1.33)	0.87 (0.36–2.13)
T-ORAC, $\mu\text{molTE}/100\text{ g}$				
< 14,356.1	24	48	1.00	1.00
\geq 14,356.1	31	41	0.04 (0.02–0.99)	0.16 (0.09–1.12)
TP, mgGAE/100 g				
< 1,183.2	29	44	1.00	1.00
\geq 1,183.2	26	47	0.76 (0.36–1.59)	1.09 (0.43–2.73)
Serum TAC, $\mu\text{mol}/\text{L}$				
< 3.7	24	48	1.00	1.00
\geq 3.7	31	41	0.07 (0.01–0.24)	0.04 (0.01–0.32)

OR1 means adjusted for energy (continuous); and OR2 means further adjusted for BMI (continuous) and history of preeclampsia.

TAC, total antioxidant capacity; OR, odds ratio; CIs, confidence intervals; ORAC, oxygen radical absorbance capacity; H-ORAC, hydrophilic-oxygen radical absorbance capacity; L-ORAC, lipophilic-oxygen radical absorbance capacity; T-ORAC, total-oxygen radical absorbance capacity; TP, total phenolics; $\mu\text{molTE}/100\text{ g}$, μmol of Trolox equivalents per 100 grams; mgGAE/100 g, mg gallic acid equivalents per 100 grams.