



Erratum

Erratum. Diabetic Retinopathy: A Position Statement by the American Diabetes Association. *Diabetes Care* 2017;40:412–418

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In the print version of the above-mentioned article, the following paragraph on page 413 was corrected and two additional references (51 and 52) were added:

After duration of diabetes, hyperglycemia has been the most consistently associated risk factor for retinopathy. A large and consistent set of observational studies and clinical trials document the association of poor glucose control and retinopathy. The Diabetes Control and Complications Trial (DCCT), a randomized controlled clinical trial of intensive glycemic control versus conventional glycemic control in people with type 1 diabetes, demonstrated that intensive therapy reduced the development or progression of diabetic retinopathy by 34–76% (51). In addition, the DCCT demonstrated a definitive relationship between hyperglycemia and diabetic microvascular complications, including retinopathy (18). Early treatment with intensive therapy was most effective. In addition, intensive therapy had a substantial beneficial effect over the entire range of retinopathy. A 10% reduction in HbA_{1c}, for example from 10 to 9% or from 8 to 7.2%, reduces the risk of retinopathy progression by 43% (52).

The two new references were also added to the References section on page 418:

51. Diabetes Control and Complications Trial Research Group. Progression of retinopathy with intensive versus conventional treatment in the Diabetes Control and Complications Trial. *Ophthalmology* 1995;102:647–661

52. The Diabetes Control and Complications Trial Research Group. The relationship of glycemic exposure (HbA_{1c}) to the risk of development and progression of retinopathy in the Diabetes Control and Complications Trial. *Diabetes* 1995;44:968–983

The online version of the article has been corrected to reflect these changes.