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ERRATUM

Erratum to: Quantifying the health benefits of chronic disease prevention: a fresh approach using cardiovascular disease as an example

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Computing errors in our paper introduced small errors. We here provide the corrected estimates together with correct versions of the six tables (Tables 1, 2, 3, 5, 6, 7) that contained errors (available on the journal website linked to this paper). The authors apologize for the inconvenience caused by the following errors.

Abstract

Under the holistic model, 34 % (not 33 %) of people who take the polypill from age 50 benefit, gaining on average 7.7 (not 8.0) years of life without an MI or stroke (18 % benefit under the reductionist model—not 19 %). Estimates for reducing salt intake by 6 g/day are 34 % and 2.6 years, respectively, (not 33 % and 2.8 years) under the holistic model and 5 % (not 6 %) under the reductionist model.

Results

Para 1: 56 % should read 53 %. 0.37 % should read 0.53 %. 33 % should read 34 %. 8.0 years should read 7.7 years. 67 % should read 66 %.
Para 2: 33 % should read 34 %, 8.0 years should read 7.7 years.
Para 3: 33 % should read 34 %.
Para 4: 33 % should read 34 %, 2.8 years should read 2.6 years and 8.8 years should read 8.7 years.

Discussion

Para 2: 19 % should read 18 %, 33 % should read 34 %, 15 % should read 16 %, 8.0 should read 7.7.
Para 3: 33 % should read 34 %, 2.8 years should read 2.6 years, 6 % should read 5 %.
Para 4: 81 % should read 78 %, 55 % should read 54 %, 1.0 % should read 1.33 %.
Para 5: 33 % should read 34 %, 50 % should read 46 %.

Appendix

Section 2: Estimating the age specific relative risk of a myocardial infarction or stroke on the Polypill.
Para 2: 56 % should read 53 %, 81 % should read 78 %.

The online version of the original article can be found under doi:10.1007/s10654-014-9932-1.

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Table 1 Estimates relating to the prevention of a first myocardial infarction (MI) or stroke ("disorder") in people taking polypill from specified ages

Taking polypill from specified age to age 99	Proportion of people who will have first MI or stroke in the absence of treatment (%)	Proportion of people who will have first MI or stroke while taking polypill (%)	Relative risk reduction (%)	Absolute annual risk reduction (%)	Proportion of people who benefit (HBp) (%)	Among those who benefit: Average years of life gained without an MI or stroke (HBag)
50	34	16	53	0.53	34	7.7
60	33	16	52	0.69	33	6.5
70	32	16	51	0.95	32	5.1
80	29	15	49	1.41	29	3.4

Table 2 Estimates relating to the prevention of a first myocardial infarction (MI) or stroke in individuals aged 50 and above according to specified daily salt reduction

Salt reduction (g/day)	Proportion of people who will have first MI or stroke in the absence of treatment (%)	Proportion of people who will have first MI or stroke with a reduced salt intake (%)	Relative risk reduction (%)	Absolute annual risk reduction (%)	Proportion of people who benefit (HBp) (%)	Among those who benefit: average years of life gained without an MI or stroke (HB_{ag})
1.5	34	32	4	0.04	34	0.7
3.0	34	31	8	0.09	34	1.4
4.5	34	30	12	0.13	34	2.0
6.0	34	28	16	0.17	34	2.6

Table 3 The two measures of health benefit in people aged 50 and over according to different preventive interventions to reduce the risk of a first myocardial infarction (MI) or stroke

	Reducing salt by 6 g/day	Taking simvastatin 20 mg daily from age 50	Taking three blood-pressure-lowering drugs at half standard dose daily from age 50	Taking polypill daily from age 50 (all four drugs)	Reducing salt by 6 g/day and taking polypill daily from age 50
Proportion who benefit (HB_p)	34 %	34 %	34 %	34 %	34 %
Among these: average years of life gained without an MI or stroke (HB_{ag})	2.6	3.7	5.5	7.7	8.7

Table 5 Age-specific relative risk estimates

Age taking polypill	Relative risk of a first stroke on daily polypill[a]	Relative risk of a first myocardial infarction on daily polypill[a]
50	0.26	0.13
60	0.28	0.23
70	0.34	0.32
80	0.44	0.36
90+	0.51	0.38

[a] Polypill contained amlodipine 2.5 mg, losartan 25 mg, hydrochlorothiazide 12.5 mg and simvastatin 20 mg

Table 6 Average relative risk reductions (%) of a first myocardial infarction or stroke according to age at starting polypill and years of follow-up

Years of follow-up	Age starting to take polypill daily			
	50	60	70	80
10	78	71	63	54
20	73	64	55	49
30	66	57	51	–
40	58	52	–	–
50	53	–	–	–

Table 7 Reduction in systolic blood pressure (SBP) and age-specific relative risk estimates of a first myocardial infarct (MI) or stroke according to age and salt intake reduction

Age	1.5 g/day			3.0 g/day			4.5 g/day			6 g/day		
	SBP reduction (mmHg)	Relative risk of a first MI	Relative risk of a first stroke	SBP reduction (mmHg)	Relative risk of a first MI	Relative risk of a first stroke	SBP reduction (mmHg)	Relative risk of a first MI	Relative risk of a first stroke	SBP reduction (mmHg)	Relative risk of a first MI	Relative risk of a first stroke
45	1.7	0.93	0.91	3.3	0.87	0.83	4.9	0.82	0.75	6.6	0.76	0.69
55	2.3	0.92	0.88	4.6	0.85	0.77	6.9	0.79	0.67	9.2	0.73	0.60
65	2.6	0.94	0.90	5.2	0.88	0.82	7.7	0.82	0.74	10.3	0.77	0.67
75	2.7	0.95	0.92	5.4	0.90	0.85	8.1	0.85	0.78	10.8	0.81	0.72
85	2.7	0.96	0.95	5.5	0.92	0.90	8.2	0.89	0.86	11.0	0.85	0.82