

Impact of the Metabolic Syndrome on Mortality is Modified by Objective Short Sleep Duration

In the article by Fernandez-Mendoza et al, “Impact of the Metabolic Syndrome on Mortality is Modified by Objective Short Sleep Duration” which published online May 17, 2017, and appeared in the May 2017 issue of the journal (*J Am Heart Assoc.* 2017;6:e005479. DOI: 10.1161/jaha.117.005479.), there was an error found in on page 7, in part A of the Figure. When increasing the figure resolution and re-plotting survival functions during the page-proofing process, the authors mistakenly introduced into part A of the Figure the interaction term between age and total sleep time, which was not significant for all-cause mortality. This error in coding incorrectly skewed the curve for the < 6 hours group on all-cause mortality. As shown in the corrected Figure, in part A the survival function now correctly represents the hazard ratios (HR) of 1.29 and 1.99 for subjects with MetS who slept ≥ 6 and <6 hours, respectively, reported in page 4, right column, lines 18–20. The corrected Figure is presented herein and on page 7 of the manuscript.

The authors regret these errors.

The online version of the article has been updated and is available at <http://jaha.ahajournals.org/content/6/5/e005479>

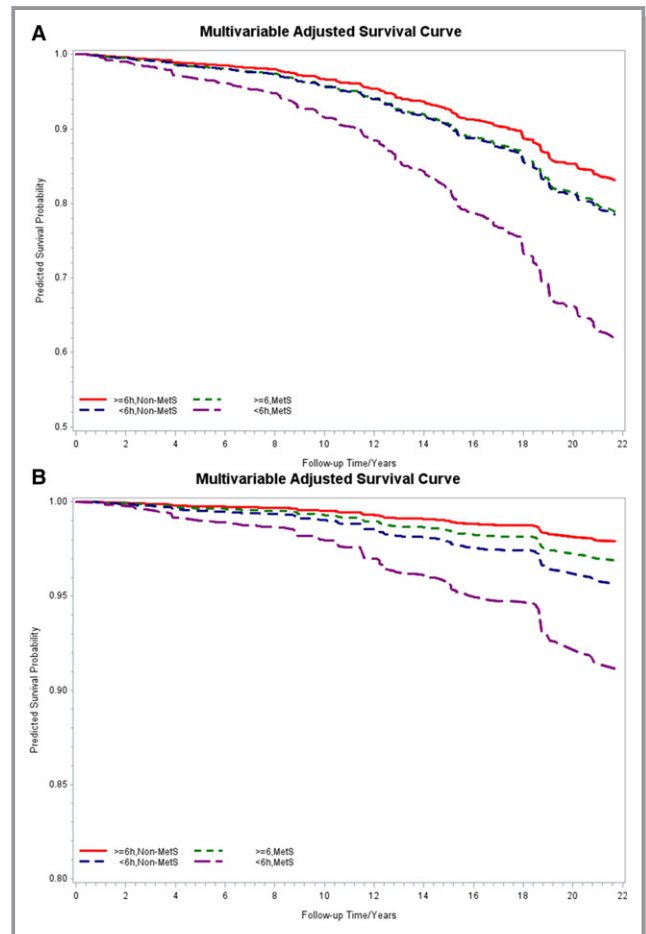


Figure. Multivariable-adjusted survival curves associated with metabolic syndrome and objective short sleep duration. A, Survival function of all-cause mortality over the study follow-up period. B, Survival function of cardiovascular/cerebrovascular mortality over the study follow-up period. Both survival functions adjusted for age, race, sex, smoking, alcohol use, depression, insomnia, SDB, heart disease, and stroke. MetS indicates metabolic syndrome; SDB, sleep disordered breathing.

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