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Authors' reply

Although different measures of adiposity might differentially classify people as overweight or obese, studies that have compared body-mass index (BMI) with other measures of adiposity have found that, at higher BMIs (eg, 30 kg/m² and above), classification using BMI gives similar results to other approaches, such as dual-energy x-ray absorptiometry.¹ More broadly, in selecting risk factor metrics for population health reporting, two other issues should be kept in mind.

First, it is important to consider how different metrics represent the health consequences of risk factors. For example, a systematic review² of epidemiological studies reported that, taken together, studies that assessed BMI and other measures of adiposity did not show that any of these measures had superior discriminatory capability for adverse cardiometabolic outcomes; any reported difference was “too small to be of any clinical relevance”.

Second, to be useful for population health surveillance, data should be readily available through population-based surveys. Height and weight can be measured in population-based surveys, whereas methods like dual-energy x-ray absorptiometry are too complex for use, even in a clinical setting.

Nonetheless, to the extent that data are available, how the classification of individuals and prevalence in the

population vary on the basis of the specific adiposity metric used should be explored in large, global databases, such as those used by the NCD Risk Factor Collaboration,^{3,4} as has been done for diabetes.⁵

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Department of Error

Stephenson J, Heslehurst N, Hall J, et al. Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health. *Lancet* 2018; **391**: 1830–41—In figure 1 of this Series paper (published online first on April 16, 2018), definitions for the use of * and † symbols were added to the legend. This correction has been made to the online version as of May 3, 2018, and the printed Series paper is correct.

Global Burden of Disease Health Financing Collaborator Network. Trends in future health financing and coverage: future health spending and universal health coverage in 188 countries, 2016–40. *Lancet* 2018; **391**: 1783–98—In table 2 of this Article, a digit was mistakenly omitted from after the decimal point in the value for universal health coverage index in high-income countries in 2030 under the worse scenario. This correction has been made to the online version as of May 3, 2018, and the printed version is correct.