Vitamin D insufficiency and the blunted PTH response in established osteoporosis: the role of magnesium deficiency

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Due to errors on the part of the typesetter, the article was published with incorrect versions of the column heads of Table 1 and the illustration and legend of Fig. 2. The correct table and figure are given in full here.

Table 1 Baseline demographics (mean±SD) [$*p<0.05$]

	Vitamin D insufficiency (25OHD ≤ 30 , PTH >57)	Functional hypoparathyroidism (25OHD ≤ 30 , PTH ≤ 57)	Vitamin D replete (25OHD >30 , PTH 12–72)
Age (yr)	67.1 (7.7)	67.8 (9.8)	66.4 (6.9)
BMI (kg/m ²)	27.2 (3.6)	26.8 (3.0)	26.1 (4.1)
Dietary vitamin D intake (mcg)	2.9 (4.1)	2.8 (3.3)	3.1 (2.9)
Dietary calcium intake (mg)	924.5 (314.6)	984.3 (399.2)	921.9 (401.1)
Dietary magnesium intake (mg)	321.1 (145.9)	305.9 (165.7)	316.2 (135.4)
Creatinine clearance (lab ref 70–120 ml/min)	71.2 (10.3)	74.6 (11.4)	73.2 (9.8)
Calcium (2.2–2.6 mmol/l)	2.40 (0.05)	2.33 (0.07)	2.45 (0.07)
Total alk. phosphatase (40–120 IU/L)	151.9 (54.5)	109.5 (36.2)	105.2 (31.7)
Magnesium (lab ref 0.8–1.2 mmol/l)	0.8 (0.03)	0.8 (0.02)	0.8 (0.02)
Phosphate (lab ref 0.8–1.2 mmol/l)	1.1 (0.2)	1.0 (0.1)	1.0 (0.2)
Spine BMD (g/cm ²)	0.82 (0.13)	0.84 (0.17)	0.85 (0.19)
Total hip BMD (g/cm ²)	0.69 (0.11)*	0.74 (0.10)*	0.77 (0.09)

Fig. 2 Relationship between parathyroid hormone (PTH) and retention of magnesium (Mg) following Mg loading in patients with low vitamin D (□ vitamin D insufficiency, x functional hypoparathyroidism, ● vitamin D replete)