Erratum to: Adverse Drug Reactions and Impaired Renal Function in Elderly Patients Admitted to the Emergency Department

A Retrospective Study

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Pages 601–602: Table 5 contained a number of incorrect values within the columns for compensated plasma creatinine (Comp P-CR) and estimated creatinine clearance (eCL_{CR}).

The table should read as follows (corrected values shown in bold):

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Table 5 Adverse drug reactions (ADRs) in 22 hospitalized patients (pts) registered in the home healthcare service and admitted to the emergency department at Karolinska University Hospital, Stockholm, Sweden

Pt	Age (years)	Sex	Comp P-CR (µmol/L)	Wt (kg)	ADR type	eCL _{CR} (C-G) (mL/min)	ADR	Suspected drugs	Cause-effect relation	Contributing or main cause	ADR related to RF	ADR related to high dose relative to RF	Clinically significant interaction	Chart information ^a
1	97	F	89	57	A	24	Hypokalaemia	Furosemide	Possible	Contributing	No	No	No	Lack of K ⁺ substitution caused hypokalaemia
2	97	F	115	50	A	17	Hypotonia/vertigo/fracture	Verapamil	Possible	Main	No	Yes	No	Verapamil withdrawn. ADR not mentioned
3	92	F	82	39	A	19	Vertigo/fracture	Tramadol	Possible	Main	Yes	Yes	No	ADR not mentioned
4	90	F	116	60	A	23	Vertigo/fracture	Tramadol	Probable	Main	Yes	Yes	No	ADR not mentioned
5	90	F	202	52	A	13	Confusion/hallucinations	Ethylmorphine HCL	Possible	Main	Yes	Yes?	No	Patient believed she overdosed on ethylmorphine HCL. Judged as an ADR
6	89	F	97	74	A	34	Vertigo/fracture	Tramadol	Possible	Main	Yes	Yes	No	ADR not mentioned
7	86	F	68	59	A	38	Hyponatremia/hypokalaemia/vertigo/orthostatic hypotension	Bendroflumethiazide, enalapril	Probable	Main	No	No	Yes (PD interaction)	Bendroflumethiazide and enalapril withdrawn. ADR not mentioned
8	85	F	52	60	A	47	Seizures	Metronidazole	Possible	Contributing	No	No	No	No notation
9	90	F	98	63	A	28	Rectal bleeding	Aspirin (acetylsalicylic acid)	Possible	Contributing	No	No	No	Aspirin withdrawn. ADR not mentioned
10	83	F	139	57	A	22	Hypercalcaemia/dehydration/acute renal failure	Calcium carbonate, vitamin D	Probable	Main	Yes	Yes	No	Calcium carbonate/vit D withdrawn. ADR not mentioned
11	78	F	111	52	A	26	Hypokalaemia	Furosemide	Possible	Main	No	No	No	ADR not mentioned
12	87	M	108	79	B	41	Angioedema	Trandolapril	Probable	Main	No	No	No	ADR not mentioned
13	84	M	139	95	A	42	Fluid retention/heart failure	Diclofenac, furosemide	Probable	Main	Yes	Yes	Yes (PD interaction)	Diclofenac withdrawn. ADR not mentioned
14	84	M	92	67	A	42	Urinary retention	Tolterodine	Possible	Main	No	No	No	ADR not mentioned
15	82	M	146	82	A	36	Haematuria	Warfarin	Probable	Main	No	No	No	Warfarin withdrawn. ADR not mentioned

Table 5 continued

Pt	Age (years)	Sex	Comp P-CR ($\mu\text{mol/L}$)	Wt (kg)	ADR type	eCL _{CR} (C-G) (mL/min)	ADR	Suspected drugs	Cause-effect relation	Contributing or main cause	ADR related to RF	ADR related to high dose relative to RF	Clinically significant interaction	Chart information ^a
16	80	M	69	95	A	78	Intracranial bleeding	Warfarin, aspirin	Probable	Main	No	No	Yes (PD interaction)	Suspected warfarin bleeding. Warfarin withdrawn
17	80	M	306	68	A	16	Dehydration/hypotonia/anaemia/vertigo/fall	Furosemide, enalapril, aspirin	Probable	Main	Yes	No	Yes (PD interaction)	Furosemide, enalapril and aspirin withdrawn. No notation on ADR
18	79	M	103	75	A	47	Sedation	Haloperidol	Possible	Main	No	Yes	No	Haloperidol dose decreased. ADR not mentioned
19	78	M	178	72	A	29	Sedation	Haloperidol	Probable	Main	No	Yes	No	Haloperidol dose decreased. ADR not mentioned
20	75	M	89	62	A	46	Bradycardia	Carbamazepine, haloperidol	Possible	Contributing	No	Yes	No	Carbamazepine/haloperidol might have affected the sinus node, pacemaker operation
21	69	M	112	64	A	43	Anaemia	Aspirin	Possible	Contributing	No	No	No	ADR not mentioned
22	72	M	56	78	A	84	Hypoglycaemia/seizures	Glibenclamide	Probable	Main	No	No	No	Glibenclamide withdrawn. ADR not mentioned

When calculating the Cockcroft-Gault equation the formula uncompensated creatinine = comp creatinine $\times$ 0.92 + 26 was used

A augmented (untoward excess pharmacological effect of the drug), B bizarre (idiosyncratic, without apparent association with pharmacological effect of the drug), C-G Cockcroft-Gault formula, comp compensated creatinine as presented in the patients charts, eCL_{CR} estimated creatinine clearance, F female, M male, P-CR plasma creatinine, PD pharmacodynamic, RF renal function, Wt weight

^a Information regarding medications recorded in the pt's chart at admission or drug discontinuation