

uria ≥ 20 mg/l) was also significantly increased among subjects in group 1 than in the non-diabetic group 4 (36% vs 16%; $p < 0.05$). Applying the ADA criteria, this first group would have been categorized as having normal glucose tolerance.

On the other hand, 32 subjects (4 with diabetes, 28 with IFG), who had abnormal glucose tolerance according to ADA criteria alone (group 2), were also on average more obese, had higher fasting and 2-h plasma glucose, HbA_{1c}, triglycerides, uric acid and albuminuria than the non-diabetic group 4 ($p < 0.05$). Microalbuminuria was not significantly more prevalent than in the non-diabetic group (28% vs 16%, Fischer's exact test: $p = 0.13$).

Thus, applying either 1997 ADA or 1985 WHO criteria, a considerable number of subjects with an adverse cardiovascular risk factor profile would be missed. Microalbuminuria, a powerful predictor of cardiovascular morbidity and mortality, was more prevalent in subjects classified as IGT according to WHO but who had normal fasting glucose according to ADA. Our results based on a small selected population are in line with a recent analysis of the Hoorn Study, a large population-based survey from the Netherlands [4]. These data suggest, that if the fasting threshold for diabetes diagnosis falls as proposed by ADA, the use of the 2-h glucose concentration should be maintained to identify people with IGT (WHO). This may offer the "best of two worlds" [5].

Yours sincerely,
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Erratum

Intramyocellular lipid concentrations are correlated with insulin sensitivity in humans: a ¹H NMR spectroscopy study (Rapid communication)

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Abstract. Sentence 5 should read:

Simple linear regression analysis showed an inverse correlation ($r = -0.579$, $p = 0.0037$) between intramyocellular lipid content and M-value (100–120 min of clamp) as well as between fasting plasma non-esterified fatty acids concentration and M-value ($r = -0.54$, $p = 0.0267$).

This change also applies to the Results Section (paragraph 2, sentence 2) and the last sentence of the legend to Figure 1.

Table 1. Last line is to read:

IMCL content (% of water resonance peak intensity)	1.28 ± 0.06	0.74 – 1.76
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These corrections are due to an incorrect T1 and T2 relaxation correction of IMCL content data *and do not change the conclusions of the paper.*