

ERRATUM

Erratum to: The prevalence and clinical correlates of metabolic syndrome in patients with schizophrenia: findings from a cohort in Turkey

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Unfortunately Figs. 1, 2, 3 and 4 were published with errors. The corrected figures are given here.

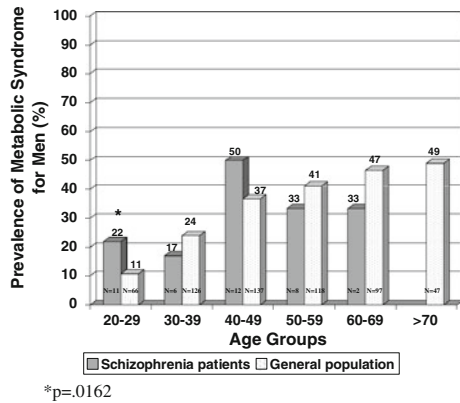


Fig. 1 Prevalence of metabolic syndrome for men in patients with schizophrenia and general population (METSAR study) [39] according to the ATP criteria. * $p = .0162$

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In addition, the reference number of Mc Evoy et al. in Table 1 was corrected to [16].

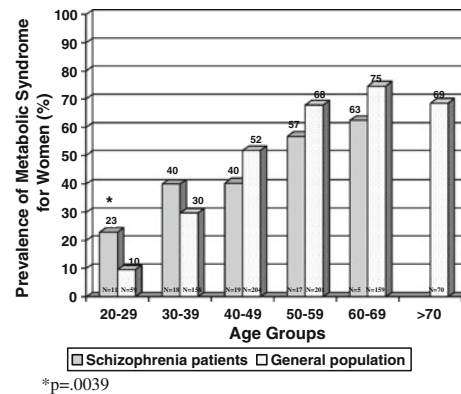


Fig. 2 Prevalence of metabolic syndrome for women in patients with schizophrenia and general population (METSAR study) [39] according to the ATP criteria. * $p = .0039$

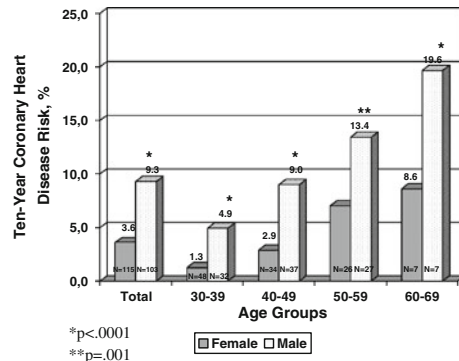


Fig. 3 Effect of sex on 10-year coronary heart disease risk in patients with schizophrenia. * $p < .0001$; ** $p = .001$

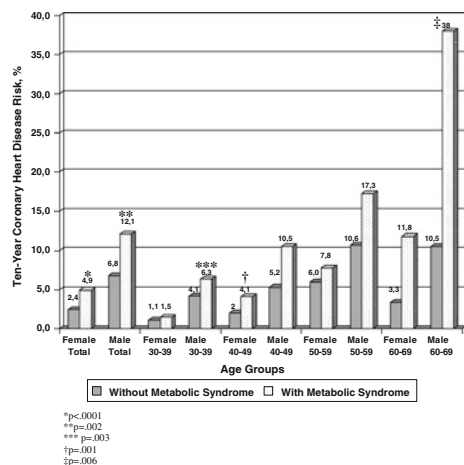


Fig. 4 Effect of metabolic syndrome by sex and age on 10-year coronary heart disease risk in schizophrenia. **p* < .0001; ***p* = .002; ****p* = .003; †*p* = .001; ‡*p* = .006

Table 1 Prevalence estimates of the metabolic syndrome in patients with schizophrenia and schizoaffective disorder in different countries [8–36]

Study	Country	Sample	<i>N</i> (female/male)	Mean age (years)	Criteria	Prevalence
Heiskanen et al. [8]	Finland	Outpatients	35 (16/19)	44.5	ATP-III	37.1%
Littrell et al. [9]	USA and Taiwan	In-outpatients	USA 98 (37/61) Taiwan 27 (13/14)	USA 41.8 Taiwan 42	ATP-III	USA 51% Taiwan 22.2%
Kato et al. [10]	USA	Outpatients	48 (24/24)	40.3	ATP-III	63.0%
Basu et al. [11]	USA	Outpatients	33 (19/14)	44.5	ATP-III	42.4%
Cohn et al. [12]	Canada	In-outpatients	240 (84/156)	43.3	ATP-III	44.7%
Meyer et al. [13]	USA	Outpatients	121 (60/61)	41.1	ATP-III	52.1%
Saari et al. [14]	Finland	1966 Finland birth cohort	31 (13/18)	– ^a	ATP-III	19.4%
Koponen et al. [15]					ATP-III IDF	29% 29%
McEvoy et al. [16]	USA	In-outpatients	689 (180/509)	40.4	ATP-III ATP-III ATP-III	40.9% 42.7% 56.3%
Hagg et al. [17]	Sweden	In-outpatients	269 (92/177)	46 ^b	ATP-III	34.6%
Meyer et al. [18]	USA	In-outpatients	84 (6/78)	49.0	ATP-III ATP-III ATP-III	48.8% 56.3% 37.3%
Correll et al. [19]	USA	Inpatients	176 ^c	– ^d	ATP-III	37.3%
Lamberti et al. [20]	USA	Outpatients	93 (31/62)	34.4	ATP-III ATP-III IDF	53.8% 28.4% 32.3%
De Hert et al. [21]	Belgium	In-outpatients	430 (151/279)	36.5	ATP-III ATP-III IDF	28.4% 32.3% 36%
Teixeira and Rocha [22]	Brazil	Inpatients	44 (10/34)	42.2	ATP-III	31.8%
Sanchez-Arana Moreno et al. [23]	Canary Islands	Inpatients	136 (47/89)	39.1	ATP-III	36%
Tirupati and Chua [24]	Australia	Outpatients	202 (45/157)	38.1	IDF	69.3%
Srisurapanont et al. [25]	Thailand	Outpatients	57 (33/24)	37.5	IDF	22.8%
Kurt et al. [26]	Turkey	Inpatients	296 (138/158)	55.2	IDF	18.9%
Bobes et al. [27]	Spain	Outpatients	1452 (555/863)	40.7	ATP-III	24.6%
Rejas et al. [28]					ATP-III ATP-III IDF	25.5% 10.1% 18.2%
Saddichha et al. [29]	India	Inpatients	99 (47/52)	26.0	ATP-III ATP-III IDF	10.1% 18.2% 18.2%

Table 1 continued

Study	Country	Sample	N (female/male)	Mean age (years)	Criteria	Prevalence
Correll et al. [30]	USA	Inpatients	111 (57/54)	44.3	ATP-III	45.9%
					ATP-IIIA	54%
Cerit et al. [31]	Turkey	Outpatients	100 (41/59)	34.7	ATP-III	21%
					ATP-IIIA	34%
					IDF	41%
Boke et al. [32]	Turkey	Inpatients	231 (57/174)	38.5	IDF	32%
Oyekcin [33]	Turkey	Outpatients	34 (24/10)	33.7	ATP-III	35.3%
Kaya et al. [34]	Turkey	Outpatients	87 (36/51)	34.4	ATP-III	29.9%
					ATP-IIIA	35.6%
					IDF	42.5%
Brunero et al. [35]	Australia	Outpatients	73 (28/45)	39.3	IDF	61.6%
Huang et al. [36]	Taiwan	Outpatients	650 (298/352)	45.9	ATP-III	34.9%

ATP-III Adult Treatment Protocol of the National Cholesterol Education Program (NCEP) [1], *ATP-III A* Adapted Adult Treatment Protocol [2, 3], *IDF* International Diabetes Federation [4]

^a Mean age 39 years for the whole sample

^b Median value

^c Female/male ratio (169/198) for the whole sample of 367 patients with mixed diagnosis

^d Mean age 42.9 years for the whole sample of 367 patients with mixed diagnosis