

CORRECTIONS

The epidemic of pre-diabetes: the medicine and the politics

During the editing of the table in this Analysis article (*BMJ* 2014;349:g4485, doi:10.1136/bmj.g4485), the last row and some of the symbols for arterial disease in the impaired glucose tolerance row were inadvertently deleted. The predictive value for arterial disease should also be +/- not + in the rows for expanded impaired fasting glucose and expanded borderline

HbA_{1c}. The table has been reproduced in its correct format below.

Cite this as: *BMJ* 2014;349:g4683

© BMJ Publishing Group Ltd 2014

Table

Table 1 | Evidence on value of various definitions of sub-diabetes

	Diabetes			Arterial disease		Retinal disease	
	Predicts	Effect of lifestyle interventions	Effect of drugs	Predicts	Effect of lifestyle interventions	Effect of drugs	Predicts
Impaired glucose tolerance (7.8-11.1 mmol/L)*	+++	+++ (delays) + (prevents)	+++ (disguises) + (prevents)	+++	+	?	+
Impaired fasting glucose (6.1-6.9 mmol/L)	++	?	(+)†	+	?	?	?
Expanded impaired fasting glucose (5.6-6.9 mmol/L)	+	?	?	+/-	?	?	?
Borderline HbA _{1c} (6.0-6.4%)	++	?	?	+	?	?	?
Expanded borderline HbA _{1c} (5.7-6.4%)	+	?	?	+/-	?	?	?
Pre-diabetes‡	++	?	?	+/-	?	?	?

*Two hours after 75 g glucose load.

† The DREAM Study included 14% of subjects with impaired fasting glucose in whom rosiglitazone showed comparable effects to those with impaired glucose tolerance at the end of the intervention,³⁷ although this group was not reported separately after drug washout.⁴⁵

‡ Impaired glucose tolerance (7.8-11.1 mmol/L) or impaired fasting glucose 5.6-6.9 mmol/L or expanded borderline HbA_{1c} (5.7-6.4%).