



Corrigendum

Corrigendum to “Non-vitamin K antagonist oral anticoagulants in elderly patients with atrial fibrillation: A systematic review with meta-analysis and trial sequential analysis” [Arch. Gerontol. Geriatr. 81 (March–April) (2019) 209–214]

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The authors regret that in the analysis of stroke or systemic embolism risk in younger patients the data was not accurate. Using the correct data, NOACs decreased significantly the risk of stroke and systemic embolism (RR 0.87, 95% CI: 0.77–0.99) (Fig. 1) and the analysis was unremarkable for statistical heterogeneity ($I^2 = 0\%$). Still, NOACs were more efficacious in elderly patients compared to younger ones ($p = 0.02$ for subgroup differences).

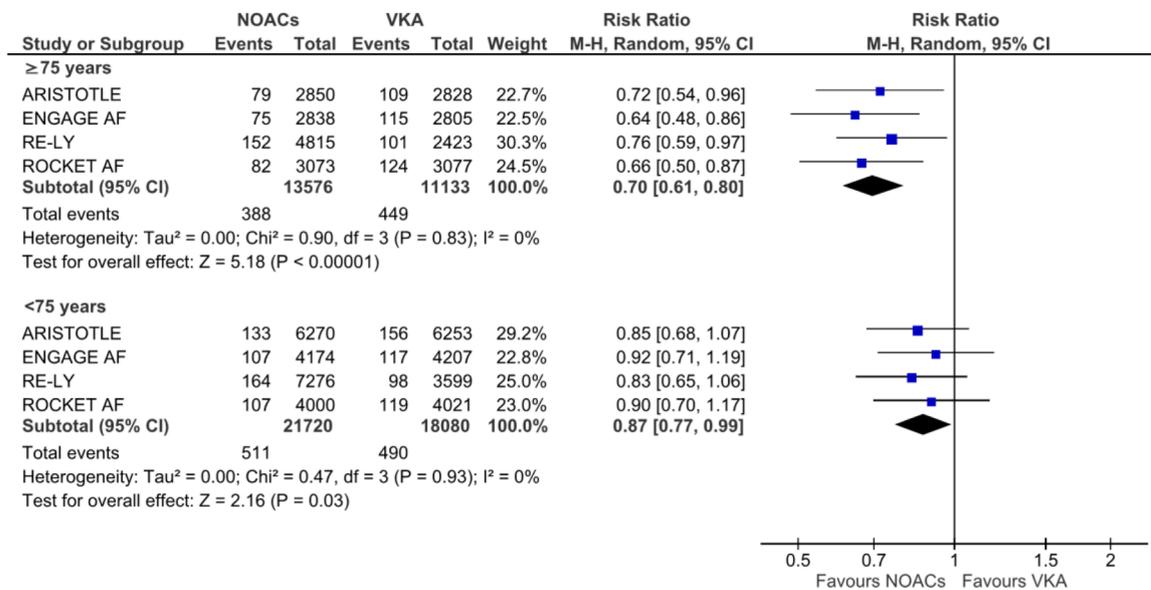


Fig. 1 Forest plot of meta-analysis evaluating stroke and systemic embolism in elderly (≥ 75 years) and younger patients (< 75 years).

Also in the abstract, “In younger patients, NOACs also decreased the risk of stroke and systemic embolism (RR 0.87, 95% CI: 0.77–0.99).” should be “In younger patients, VKA and NOACs shared a similar risk of stroke and systemic embolism (RR 0.97, 95% CI: 0.79–1.18).”

The authors would like to apologise for any inconvenience caused.

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