Erratum

Erhardt L, Moller R, Puig JC. 2007. Comprehensive cardiovascular risk management – what does it mean in practice? *Vasc Health Risk Manag*, 3:587–603.

The way that data from the REACH study are presented in Figure 2 may lead to some confusion when viewed in isolation or without prior knowledge of this study. An improved version of Figure 2 is below:

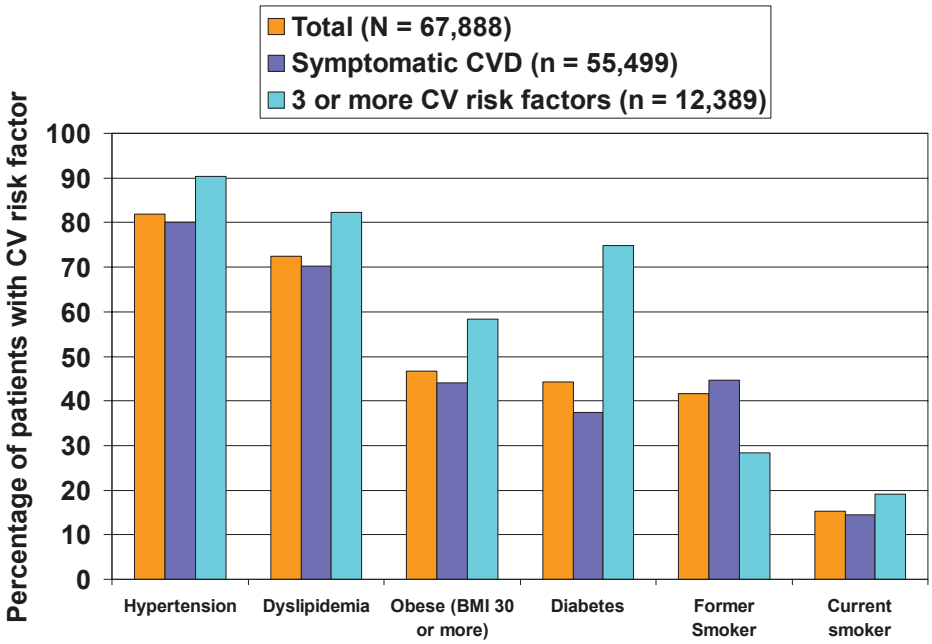

Figure 2 CV risk factors in a population of patients 45 years or older with established coronary artery disease, cerebrovascular disease, peripheral vascular disease. or 3 or more CV risk factors* from the REACH registry (Bhatt et al 2006).
N = 67,888; REACH, The Reduction of Atherothrombosis for Continued Health; a study conducted in 44 countries. *CV risk factors included: treated diabetes mellitus, diabetic nephropathy, ankle-brachial index <0.9, asymptomatic carotid stenosis ≥70%, carotid intima media thickness of 2 times or more adjacent sites, systolic blood pressure ≥150 mm Hg despite therapy for ≥3 months, hypercholesterolemia treated with medication, current smoking ≥15 cigarettes per day, men aged ≥65 years, or women aged ≥70 years.

The text referring to Figure 2 in the text above (left column, 6 lines down) should read:

"In fact, only 10%–20% of cases of hypertension occur in the absence of other CVD risk factors (Kannel 2000a, b; Bhatt et al 2006), for example, the Reduction of Atherothrombosis for Continued Health (REACH) registry demonstrated that among patients ≥45 years of age with existing CVD or ≥3 CV risk factors, 81.8% had hypertension and 72.4% had dyslipidemia (Figure 2) (Bhatt et al 2006)."