

Association of Fasting C-Peptide to High Density Lipoprotein Cholesterol Ratio with Non-Alcoholic Fatty Liver Disease in Chinese Type 2 Diabetes Mellitus Patients: A Cross-Sectional Study [Corrigendum]

Liang Q, Hu H, Chen X, et al. *Diabetes Metab Syndr Obes*. 2025;18:4507–4522. <https://doi.org/10.2147/DMSO.S556539>

Following publication of the article, it has come to the authors attention that there are some errors in the Abstract, Result and Discussion sections.

Page 4507, Abstract, Methods section, line 2, “multiple linear regression” should read “logistic regression”. This was an inadvertent typographical error. The statistical method applied in their study was logistic regression (since the outcome variable, NAFLD, was binary), not multiple linear regression.

Page 4507, Abstract, Conclusion section, “with a positive relationship observed when FHR exceeded the threshold of 1.23” should be “with a substantially stronger positive relationship below the threshold of 1.23 than above it”. The original wording was an inaccurate description of our findings. After re-examining our results, we determined that the correct interpretation is that the positive association between FHR and NAFLD is much stronger when FHR is below 1.23 compared to when it is above this threshold. The corrected statement now accurately reflects the data.

Page 4511, The Relationship Between FHR and NAFLD section, 1st sentence, “multiple linear regression” should be “logistic regression”. This was an inadvertent typographical error where “multiple linear regression” was mistakenly written instead of the correct “logistic regression”.

Page 4519, Discussion section, 3rd paragraph, 2nd sentence, “lower NAFLD prevalence” and “sharper negative correlation” should be “higher NAFLD prevalence” and “sharper positive correlation”. This was another typographical error in the original manuscript. The correct finding is that an FHR below 1.23 is associated with a higher prevalence of NAFLD, and the positive correlation is sharper below that threshold. The original text mistakenly wrote the opposite (lower prevalence and negative correlation). This has now been corrected to align with the actual results.

The authors apologize for these errors.

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