

CORRECTION

Correction to: 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

In the article by Grundy et al, “2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines,” which published ahead of print on November 10, 2018, and appeared in the June 18/25, 2019, issue of the journal (*Circulation*. 2019;139:e1082–e1143. DOI: 10.1161/CIR.0000000000000625), corrections were needed to correct the age classification of older adults.

1. On page e1107, section “4.4.4.1. Older Adults,” the “Recommendations for Older Adults” table, recommendation 1 read, “In adults 75 years of age or older with an LDL-C level of 70 to 189 mg/dL (1.7 to 4.8 mmol/L), initiating a moderate-intensity statin may be reasonable.” The recommendation is updated to read, “In adults older than 75 years of age with an LDL-C level of 70 to 189 mg/dL (1.7 to 4.8 mmol/L), initiating a moderate-intensity statin may be reasonable.”
2. On page e1107, section “4.4.4.1. Older Adults,” the “Recommendations for Older Adults” table, recommendation 2 read, “In adults 75 years of age or older, it may be reasonable to stop statin therapy when functional decline (physical or cognitive), multimorbidity, frailty, or reduced life expectancy limits the potential benefits of statin therapy.” The recommendation is updated to read, “In adults older than 75 years of age, it may be reasonable to stop statin therapy when functional decline (physical or cognitive), multimorbidity, frailty, or reduced life-expectancy limits the potential benefits of statin therapy.”

The revised recommendations table for section “4.4.4.1. Older Adults,” is reproduced in its entirety here:

Recommendations for Older Adults		
Referenced studies that support recommendations are summarized in Online Data Supplements 18 and 19.		
COR	LOE	Recommendations
IIb	B-R	1. In adults older than 75 years of age with an LDL-C level of 70 to 189 mg/dL (1.7 to 4.8 mmol/L), initiating a moderate-intensity statin may be reasonable. ^{54,4.4.1-1-54,4.4.1-8}
IIb	B-R	2. In adults older than 75 years of age, it may be reasonable to stop statin therapy when functional decline (physical or cognitive), multimorbidity, frailty, or reduced life expectancy limits the potential benefits of statin therapy. ^{54,4.4.1-9}
IIb	B-R	3. In adults 76 to 80 years of age with an LDL-C level of 70 to 189 mg/dL (1.7 to 4.8 mmol/L), it may be reasonable to measure CAC to reclassify those with a CAC score of zero to avoid statin therapy. ^{54,4.4.1-10,54,4.4.1-11}

These corrections have been made to the current online version of the article, which is available at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>