Correction to: Restarting Anticoagulant Treatment After Intracranial Hemorrhage in Patients With Atrial Fibrillation and the Impact on Recurrent Stroke, Mortality, and Bleeding: A Nationwide Cohort Study

In the article by Nielsen et al, “Restarting Anticoagulant Treatment After Intracranial Hemorrhage in Patients With Atrial Fibrillation and the Impact on Recurrent Stroke, Mortality, and Bleeding: A Nationwide Cohort Study,” which published online before print June 9, 2015 and appeared in the August 11, 2015 issue of the journal (Circulation. 2015;132:517–525. DOI: 10.1161/CIRCULATIONAHA.115.015735), a correction is needed. The following statement is incorrect.

“For recurrent ICH using 1 year of followup, the rates were 8.6 for OAC treated versus 8.0 for no antithrombotic treatment adjusted HR, 0.91; 95% CI, 0.56–1.49), and 5.3 for antiplatelet therapy (adjusted HR, 0.60; 95% CI, 0.37–1.03).”

It should read as follows:

“For recurrent ICH using 1 year of followup, the rates were 8.0 for OAC treated versus 8.6 for no antithrombotic treatment adjusted HR, 0.91; 95% CI, 0.56–1.49), and 5.3 for antiplatelet therapy (adjusted HR, 0.60; 95% CI, 0.37–1.03).”

In addition, designation for solid and dashed lines were missing from the legend for Figure 2. The first sentence of the legend should read:

Figure 2. Forest plot of adjusted (solid line) hazard ratios on treatment regimen of various outcomes using 1-year follow-up (adjusted for sex, age, year of inclusion, time since last claimed OAC prescription, and occurrences of ischemic stroke/SE and recurrent ICH events during the quarantine period).

The correction has been made to the current online version of the article, which is available at http://circ.ahajournals.org/content/132/6/517.
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