

Correction to: A case–control study of the risk of upper gastrointestinal mucosal injuries in patients prescribed concurrent NSAIDs and antithrombotic drugs based on data from the Japanese national claims database of 13 million accumulated patients

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Published online: 19 September 2018
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Correction to: J Gastroenterol <https://doi.org/10.1007/s00535-018-1483-x>

The authors would like to correct the errors in the publication of the original article. The correction details are given below for your reading.

The first sentence in the “Discussion” section should be “The present case–control study with a large number of patients demonstrated: (i) the risk of peptic ulcers and upper GI bleeding increased by prescribing NSAIDs and/or

antithrombotic agents, and the odds ratios with these drugs ranged from 1.31–2.38, which was increased by concurrent use of these drugs; and (ii) prescribing corticosteroids and bisphosphonates, lifestyle-related diseases, and smoking also increased the risk of peptic ulcers and upper GI bleeding.”.

In addition, the Tables 2 and 3 were published incorrectly. The corrected Tables 2 and 3 are given in the following pages.

The original article can be found online at <https://doi.org/10.1007/s00535-018-1483-x>.

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Table 2 Odds ratios for the risk of peptic ulcers for each prescribed high-risk drug and lifestyle-related disease

Concurrent drugs/complications	Cases (<i>n</i> = 143,271)	Controls (<i>n</i> = 1,432,710)	Crude odds ratio	Multivariable odds ratio (95% CI)	<i>p</i> value
NSAIDs	4501 (3.14%)	28,696 (2.00%)	1.56	1.45 (1.41–1.50)	< 0.001
COX-2 inhibitors	2254 (1.57%)	15,969 (1.11%)	1.42	1.31 (1.25–1.37)	< 0.001
Low-dose aspirin	3522 (2.46%)	21,969 (1.53%)	1.62	1.50 (1.44–1.55)	< 0.001
Antiplatelet drugs	3900 (2.72%)	22,847 (1.60%)	1.72	1.53 (1.48–1.59)	< 0.001
Anticoagulants	1563 (1.09%)	9153 (0.64%)	1.72	1.62 (1.54–1.71)	< 0.001
Corticosteroids	15,140 (10.57%)	120,201 (8.39%)	1.29	1.24 (1.22–1.26)	< 0.001
Bisphosphonates	1858 (1.30%)	9220 (0.64%)	2.03	1.84 (1.75–1.94)	< 0.001
Hypertension	32,169 (22.45%)	351,898 (24.56%)	0.89	0.78 (0.77–0.79)	< 0.001
Diabetes mellitus	20,542 (14.34%)	180,173 (12.58%)	1.16	1.15 (1.13–1.17)	< 0.001
Hyperlipidemia	25,424 (17.75%)	222,023 (15.50%)	1.18	1.19 (1.18–1.21)	< 0.001
Hypercholesterolemia	12,809 (8.94%)	124,604 (8.70%)	1.03	1.01 (0.99–1.03)	0.575

n number, *CI* confidence interval, *NSAIDs* (> 28 days in the 3 months before diagnosing GI injury) nonsteroidal anti-inflammatory drugs, *GI* gastrointestinal

Table 3 Odds ratios for upper gastrointestinal bleeding for each high-risk drug and lifestyle-related disease

Concurrent drugs/complications	Cases (<i>n</i> = 10,545)	Controls (<i>n</i> = 105,450)	Crude odds ratio	Multivariable odds ratio (95% CI)	<i>p</i> value
NSAIDs	472 (4.48%)	2250 (2.13%)	2.15	1.76 (1.59–1.96)	< 0.001
COX-2 inhibitors	217 (2.06%)	1146 (1.09%)	1.91	1.62 (1.40–1.88)	< 0.001
Low-dose aspirin	455 (4.31%)	1964 (1.86%)	2.38	1.96 (1.75–2.19)	< 0.001
Antiplatelet drugs	469 (4.45%)	2035 (1.93%)	2.37	1.82 (1.63–2.03)	< 0.001
Anticoagulants	241 (2.29%)	841 (0.80%)	2.91	2.38 (2.05–2.77)	< 0.001
Corticosteroids	1507 (14.29%)	8675 (8.23%)	1.86	1.75 (1.65–1.86)	< 0.001
Bisphosphonates	135 (1.28%)	677 (0.64%)	2.01	1.64 (1.35–1.99)	< 0.001
Hypertension	3055 (28.97%)	29,017 (27.52%)	1.07	0.96 (0.91–1.01)	0.098
Diabetes mellitus	2099 (19.91%)	14,937 (14.17%)	1.51	1.56 (1.47–1.65)	< 0.001
Hyperlipidemia	1839 (17.44%)	17,864 (16.94%)	1.04	0.89 (0.84–0.94)	< 0.001
Hypercholesterolemia	942 (8.93%)	9806 (9.30%)	0.96	0.81 (0.75–0.87)	< 0.001

n number, *CI* confidence interval, *NSAIDs* (> 28 days in the 3 months before diagnosing GI injury) nonsteroidal anti-inflammatory drugs, *GI* gastrointestinal