

Erratum to: Sedentary time in adults and the association with diabetes, cardiovascular disease and death: systematic review and meta-analysis

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Although this meta-analysis included prospective cardiovascular mortality and all-cause mortality data from the EPIC Norfolk study by Wijndaele et al [36], the recently published non-fatal cardiovascular disease data from the same cohort (Wijndaele et al [30]) were not included. The authors regret this oversight and have now incorporated these

data into their meta-analysis. As a result, the RR of CVD has changed from 2.47 (95% CI 1.44, 4.24) to 2.02 (1.42, 2.89) (see amended Fig. 2). The quality score assigned to the Wijndaele paper [30], which was originally calculated based on the cross-sectional diabetes data from this publication, increases from 0 to the maximum 6 in table 1. The inclusion of the CVD data from Wijndaele [30] does not alter the main conclusions of the paper.

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Fig. 2 The association between sedentary time and health outcomes, adjusted for baseline event rate. The reference group is the lowest sedentary time group. HR and RR greater than 1 suggests that high sedentary time is harmful. Solid lines indicate estimated HR/RR with 95% CI; dotted lines indicate ‘shrunk’ study-specific estimates with 95% CrI. Diamonds indicate pooled and predictive HR/RR with associated 95% CrI. Cardiovascular disease was not adjusted for baseline event rate due to the small number of studies for this outcome, hence no predictive effect and interval

