ERRATUM

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

The online version of the original article can be found at http://dx.doi.org/ 10.1007/s00125-012-2677-z.

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M. J. Davies · K. Khunti · T. Yates · S. J. H. Biddle NIHR Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit, Leicester, UK 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.

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 'shrunken' studyspecific estimates with 95% CrI. Diamonds indicate pooled and predictive HR/RR with associated 95% CI/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

Authors [ref.]	Country		RR (95% CI/Crl)
Diabetes			
Hu et al [22]	USA	_	2.87 (1.46, 5.65)
Hu et al [23]	USA		1.70 (1.19, 2.42)
Dunstan et al [21]	Australia		2.34 (1.41, 3.90)
Krishn et al [25]	USA		1.86 (1.54, 2.24)
Tonstad et al [26]	USA/Canada		2.18 (1.95, 2.43)
Ford et al [24]	Germany	- 🔶	1.63 (1.17, 2.27)
Stamatakis et al [27]	UK		2.75 (1.83, 4.13)
Wijndaele et al [30]	UK		1.85 (1.41, 2.43)
Hawkes et al [29]	Australia		1.22 (0.87, 1.72)
Matthews et al [28]	USA	<u> </u>	4.00 (3.62, 4.42)
Matthews et al [20]	USA	- - - \$-	4.00 (3.02, 4.42)
Pooled RR			2.12 (1.61, 2.78)
Predictive effect and interv	al	-========	2.19 (1.05, 4.25)
Cardiovascular diseases			
Manson et al [31]	USA	_	1.68 (1.07, 2.64)
Stamatakis et al [27]	UK		2.55 (1.41, 4.65)
Hawkes et al [29]	Australia		_ 4.78 (1.96, 11.64)
Wijndaele et al [30]	UK		1.61 (1.46, 1.77)
Pooled RR	U.N.	-	2.02 (1.42, 2.89)
			2.02 (1.12, 2.03)
Cardiovascular mortality			
Weller and Corey [37]	Canada	_	2.70 (1.76, 4.13)
Katzmarzyk et al [33]	Canada		1.54 (1.09, 2.17)
Dunstan et al [32]	Australia		1.78 (1.00, 3.18)
Patel et al [34]	USA		1.95 (1.82, 2.10)
Warren et al [35]	USA	↓∎	1.27 (0.93, 1.73)
Stamatakis et al [27]	UK		4.22 (2.11, 8.43)
Wijndaele et al [36]	UK	- -	2.38 (1.83, 3.09)
Matthews et al [28]	USA		1.85 (1.56, 2.20)
Pooled HR			1.90 (1.36, 2.66)
Predictive effect and interv	al		1.90 (0.82,4.39)
- = = = = = - 1.90 (0.82, 4.39)			
All-cause mortality			
Weller and Corey [37]	Canada		1.72 (1.32, 2.25)
lnoue et al [38]	Japan		1.38 (1.25, 1.52)
Katzmarzyk et al [33]	Canada		1.54 (1.25, 1.90)
Dunstan et al [32]	Australia		1.49(1.06, 2.09)
Patel et al [34]	USA		1.81 (1.74, 1.88)
Stamatakis et al [27]	UK		1.81 (1.26, 2.60)
Wijndaele et al [36]	UK		1.97 (1.72, 2.25)
Matthews et al [28]	USA	- 😌 - -=	1.61 (1.47, 1.76)
Pooled HR			1.49 (1.14, 2.03)
Predictive effect and interval			1.45 (0.93,2.24)
0.5 1 2 5 12 Disk (kerner direction (kerner sector)			
	Ri	sk/hazard ratio (log scale)	