

Mosca L, Benjamin EJ, Berra K, et al. Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women—2011 Update: A Guideline From the American Heart Association (J Am Coll Cardiol 2011;57:1404–23; doi:10.1016/j.jacc.2011.02.005).

In Table 4, in the “Major risk factor interventions” section, in the third recommendation under “Lipids: pharmacotherapy for LDL-C lowering, other at-risk women,” (p. 1414), “LDL 190 mg/dL” should be changed to “LDL \geq 190 mg/dL” so that the recommendation reads as follows:

LDL-C lowering with lifestyle therapy is useful if LDL \geq 190 mg/dL regardless of the presence or absence of other risk factors or CVD (*Class I; Level of Evidence B*).

In Table 4, in the “Preventive drug interventions” section, in the recommendation for “Dabigatran: atrial fibrillation” (p. 1414), “creatinine clearance 15 mL/min” should be changed to “creatinine clearance $<$ 15 mL/min” so that the recommendation reads as follows:

Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (creatinine clearance $<$ 15 mL/min), or advanced liver disease (impaired baseline clotting function) (*Class I; Level of Evidence B*).

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The following change was made to the article after it e-published ahead of print March 7, 2011, and is reflected as published in the March 22, 2011, issue of the *Journal*:

In the tenth paragraph of the article, which occurs before the “CVD Risk Assessment” section (p. 1406), the penultimate sentence, “Use of medications for indications beyond the prevention of ischemic CVD is not addressed in this document and can be found elsewhere (www.heart.org),” was deleted.