Quality of life measures predict cardiovascular health and physical performance in chronic renal failure patients.

Rogan, A; McCarthy, K; McGregor, G; Hamborg, T; Evans, G; Hewins, S; Aldridge, N; Fletcher, S; Krishnan, N; Higgins, R; Zehnder, D; Ting, SM

© 2017 Rogan et al.
This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

For additional information about this publication click this link.
http://qmro.qmul.ac.uk/xmlui/handle/123456789/31969

Information about this research object was correct at the time of download; we occasionally make corrections to records, please therefore check the published record when citing. For more information contact scholarlycommunications@qmul.ac.uk
Correction: Quality of life measures predict cardiovascular health and physical performance in chronic renal failure patients


Panel B is missing from Fig 2. Please view the complete Fig 2 here.
Fig 2. A depicts the unadjusted regression of the PCS on VO$_2$peak in the CKD and HTN cohorts. Unadjusted regression of Physical Component Score on VO$_2$peak in the CKD and HTN cohort. $b$, unstandardized regression coefficient: change in PCS per one unit change of variable. $^*p$–value $<0.05$. Dash line = HTN,

$\Delta B = 0.08$ (95% CI, -0.28 - 0.45), $p=0.65$
straight line = CKD. B demonstrates the same regression after adjustment for age, sex and BMI. Lack of difference of changes in VO2peak with Physical Component Score between the CKD and HTN cohorts. ΔB is the difference in the parameter estimates between the regression lines for the HTN and CKD groups. Group interaction with VO2peak was adjusted for age, sex, and BMI. Dash line = HTN, straight line = CKD.

https://doi.org/10.1371/journal.pone.0189382.g001

Reference