

Erratum: *Validity of self-reported myocardial infarction and stroke in regions with Sami and Norwegian populations: the SAMINOR 1 Survey and the CVDNOR project*

Eliassen B-M, Melhus M, Tell GS, *et al.* Validity of self-reported myocardial infarction and stroke in regions with Sami and Norwegian populations: the SAMINOR 1 Survey and the CVDNOR project. *BMJ Open* 2016;6:e012717. doi:10.1136/bmjopen-2016-012717

The following changes should have been added to this publication before it was published online.

In the abstract the sentence ‘16 865 men and women aged 30 and 36–79 years participated in the Population-based Study on Health and Living Conditions in Sami and Norwegian Populations (SAMINOR) 1 Survey in 2003–2004’ should read ‘16 865 men and women aged 30 and 36–79 years participated in the first survey of the Population-based Study on Health and Living Conditions in Sami and Norwegian Populations (the SAMINOR 1 Survey) in 2003–2004’.

In the results section ‘PPV with regard to ethnicity, sex, age, and education would have been statistically significant in our study should read ‘PPV and κ with regard to ethnicity, sex, age, and education would have been statistically significant in our study.

In the study population section the section stating ‘Apart from those recruited from the municipality of Alta (n=4741), the population was exclusively rural (ibid.).

The design of the SAMINOR 1 Informed consent was obtained from all participants. Survey changed during the data collection.’ should read ‘Apart from those recruited from the municipality of Alta (n=4741), the population was exclusively rural. Informed consent was obtained from all participants (ibid.). The design of the SAMINOR 1 Survey changed during the data collection.

In table 1 the section “‡ Participants who consented to having their information linked to national registries, and responded to the question: Do you have, or have you had: ‘a myocardial infarction?’ (SMI).’ Should state “‡ Participants who completed the Q2, consented to having their information linked to national registries, and responded to the question: Do you have, or have you had: ‘a myocardial infarction?’ (SMI)”.

In another section of table 1, “§ Participants who consented to having their information linked to national registries, and responded to the question: Do you have, or have you had: ‘a stroke/brain haemorrhage?’ (SRS) should read “§ Participants who completed the Q2, consented to having their information linked to national registries, and responded to the question: Do you have, or have you had: ‘a stroke/brain haemorrhage?’ (SRS).

In table 4 “An ischaemic heart diseases event” should read “Not an ischaemic heart disease event”.

In the discussion section the following sentences need correcting from ‘Age ≤ 60 years was associated with increased sensitivity of SMI and of SRS in our study to “Age < 60 years was associated with increased sensitivity of SMI, and elevated κ in terms of SRS in our study. The fourth paragraph currently reads ‘The troponin method is more sensitive than earlier methods and have probably increased the rates of AMI as diagnosis on the cost of angina pectoris. Some patients may have been told that an acute heart attack diagnosed as angina during 1994–2001 could be an AMI according to new diagnostics, thus leading to a subsequent false-positive SMI’. It should read as follows “‘The troponin method is more sensitive than earlier methods and have probably increased the rates of AMI as diagnosis relative to angina pectoris; some patients may have been told that their cardiac event diagnosed as unstable angina pectoris in the period 1994–2001 could instead have been an AMI according to new diagnostics, thus leading to a subsequent false-positive SMI.”

Later in this section the sentence ‘SRS rendered higher PPV among those with ≥ 12 years of education’ to SRS rendered higher PPV and κ among those with ≥ 12 years of education’.



In the strengths section the sentence “(see below)” should read “(see Limitations below)”.

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