

Erratum to: ARB-Based Single-Pill Platform to Guide a Practical Therapeutic Approach to Hypertensive Patients

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In Fig. 2 of the article, when referring to Coronary artery disease with Grade 2 or Grade 3 hypertension the abbreviation “OLM” was used instead of “OM” to indicate

olmesartan, as defined in the footnote. In addition, referring to Nephropathy with Grade 1 hypertension, “2040 mg” should be “20–40 mg”.

This has been corrected in the new Fig. 2 (see below).
The authors apologise for this oversight.

The online version of the original article can be found under
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Overt organ damage	Grade 1 SBP 140–159 or DBP 90–99	Grade 2 SBP 160–179 or DBP 100–109	Grade 3 SBP ≥180 or DBP ≥110
Atrial fibrillation ^a	OM 20–40 mg	OM/HCTZ 20–40/12.5 mg	OM/HCTZ 20–40/25 mg
Nephropathy (CKD stage >3) ^b eGFR <30 ml/min/1.73m ²	OM 20–40 mg ^{g,h}	OM/AML 40/5 mg ^{g,h}	OM/AML 40/10 mg ^{g,h}
Coronary artery disease ^c	OM 10–20 mg	OM/AML 20–40/5 mg ^d	OM/AML 40/10 mg ^d
Previous stroke or transient ischemic attack ^e	OM 10–20 mg	OM/AML 20–40/5 mg ^d	OM/AML 40/10 mg ^d
Heart failure with reduced EF ^f	OM/HCTZ 10–20/12.5 mg ^l	OM/HCTZ 20–40/25 mg ^{d,i}	OM/HCTZ 40/25 mg ^{d,i}

Fig. 2 Platform for treating hypertensive patients who have overt organ damage. Patients continue to receive treatment for underlying conditions according to the appropriate guidelines. Avoid dual RAS therapy. Change therapy if ineffective or not tolerated. *AML* amlodipine, *HCTZ* hydrochlorothiazide, *LVEF* left ventricular ejection fraction, *OM* olmesartan medoxomil. ^aGuidelines for the management of atrial fibrillation: the Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC) [21]. ^bA European Renal Best Practice (ERBP) position statement on the Kidney Disease: Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Management of Blood Pressure in Non-

dialysis-dependent Chronic Kidney Disease: an endorsement with some caveats for real-life application [19]. ^c2013 ESC guidelines on the management of stable coronary artery disease [22]. ^dConsider single-pill triple combination treatment if BP is not at target. ^eESO Guidelines for management of ischaemic stroke and transient ischaemic attack 2008 [23]. ^fESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012 [24]. ^gInitiate OM at low doses (10 mg) and uptitrate only with close monitoring of serum potassium. ^hConsider adding loop diuretics for volume overload. ⁱConsider replacing HCTZ with a loop diuretic for symptoms of volume overload