

## CORRIGENDUM

# The cost-effectiveness of candesartan-based antihypertensive treatment for the prevention of nonfatal stroke: results from the Study on COgnition and Prognosis in the Elderly

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**Correction to:** *Journal of Human Hypertension* (2005) 19, 569–576. doi: 10.1038/sj.jhh.1001857  
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Since the publication of the above-mentioned article, the authors have identified an error in the first paragraph of the Methods and materials section.

The revised paragraph is given here:

The cost-effectiveness analysis was carried out using a Markov model constructed in the decision-analytic program package DATA (TreeAge Software Inc.). The model predicted costs and quality-adjusted life years (QALYs) over the remaining

lifetime of the patients (limited to 110 years of age). The average follow-up time in SCOPE was 3.7 years. Patients in the candesartan group were therefore assumed to be treated with candesartan for a maximum of 4 years. Treatment cost, risk of nonfatal stroke, mortality during the first 4 years, cost of nonfatal stroke and utility reduction from nonfatal stroke were based on data collected in SCOPE. Epidemiological data were used to estimate mortality after the follow-up of the study. The analysis focused exclusively on the effects of candesartan-based antihypertensive treatment on the prevention of nonfatal stroke since there were no significant differences in other cardiovascular events.<sup>20</sup>