Evaluation and management of hyponatremia: an emerging role for vasopressin receptor antagonists

Sheldon Chen, Nishant Jalandhara and Daniel Batlle

Nature Clinical Practice Nephrology (2007) **3**: 82–95 [doi: 10.1038/ncpneph0401]

doi:10.1038/ncpneph0450

CORRIGENDUM

In the February 2007 issue, the following text on page 90 was printed incorrectly: “In an open-label study of 104 patients with euvo-lemic hyponatremia, conivaptan was administered as an intravenous loading dose of 20 mg over 30 min followed by continuous infusion of 40 mg/day or 80 mg/day for 4 days. In the 40 mg/day group, a serum [Na⁺] increase of ≥ 6 mmol/l was attained in 68% of patients compared with 88% in the 80 mg/day group.⁵⁶”

56 Verbalis JG *et al.* (2004) Novel vasopressin V1a and V2 antagonist conivaptan increases serum sodium concentration and effective water clearance in hyponatremia. *J Am Soc Nephrol* **15**: 356A

The correct text is as follows: “In an open-label study of 104 patients with euvo-lemic hyponatremia, conivaptan was administered as an intravenous loading dose of 20 mg over 30 min followed by continuous infusion of 20 mg/day or 40 mg/day for 4 days. In the 20 mg/day group, a serum [Na⁺] increase of ≥ 6 mmol/l was attained in 91% of patients, and in 73% of patients in the 40 mg/day group.⁶⁹”

69 Vaprisol package insert (2006) Astellas Pharma US, Inc., Deerfield, IL