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Corrigendum to: '2012 focused update of the ESC Guidelines for the management of atrial fibrillation' [*Eur Heart J* (2012); 33(21):2719–2747].

A. John Camm, Gregory Y.H. Lip, Raffaele De Caterina, Irene Savelieva, Dan Atar, Stefan H. Hohnloser, Gerhard Hindricks, and Paulus Kirchhof

Table 6 from this paper includes some incorrect data in the 'Outcome' rows for DAFNE and EURIDIS. The start of the table, including the corrected information, is shown below:

Table 6 Summary of clinical studies of dronedarone in AF

Study	Patients (n)	Patients characteristics	Dose of dronedarone	Placebo controlled	Primary endpoint	Follow-up (months)	Outcome	Comments
DAFNE[152]	199	Post cardioversion	400 mg b.i.d. 600 mg b.i.d. 800 mg b.i.d.	Yes	Time to first AF recurrence	6	Dronedarone 400 mg b.i.d. significantly prolonged median time to first AF recurrence vs. placebo: 60 vs. 5.3 days ($P = 0.026$); RRR 55% (95% CI 28–72%; $P = 0.001$)	Higher doses were ineffective and were associated with discontinuation rates of 7.6% and 22.6%; conversion rates were 5.8%, 8.2%, and 14.8% vs. 3.1% on placebo
EURIDIS[153]	615	Paroxysmal or persistent AF (post cardioversion)	400 mg b.i.d.	Yes	Time to first AF recurrence	12	Median time to first AF recurrence was 96 days on dronedarone vs. 41 days on placebo ($P = 0.01$)	Ventricular rates during AF recurrence were significantly lower on dronedarone
ADONIS[153]	630	Paroxysmal or persistent AF (post cardioversion)	400 mg b.i.d.	Yes	Time to first AF recurrence	12	Median time to first AF recurrence was 158 days on dronedarone vs. 59 days on placebo ($P = 0.002$)	Dronedarone reduced ventricular rates during AF recurrence vs. placebo

ACS = acute coronary syndrome; ADONIS = American-Australian-African trial with DronedarONe In atrial fibrillation or flutter for the maintenance of Sinus rhythm; AF = atrial fibrillation; ANDROMEDA = ANtiarrhythmic trial with DROnedarone in Moderate to severe heart failure Evaluating morbidity DecreAse; ATHENA = A placebo-controlled, doubleblind, parallel arm Trial to assess the efficacy of dronedarone 400 mg b.i.d. for the prevention of cardiovascular Hospitalization or death from any cause in patiENts with Atrial fibrillation/atrial flutter; b.i.d. = bis in die (twice daily); b.p.m. = beats per minute; CI = confidence interval; CV = cardiovascular; DAFNE = Dronedarone Atrial FibrillatioN study after Electrical cardioversion; DIONYSOS = Randomized Double blind trIal to evaluate efficacy and safety of drOnedarone (400 mg b.i.d.) vs. amiodaroNe (600 mg q.d. for 28 daYS, then 200 mg q.d. thereafter) for at least 6 mOnths for the maintenance of Sinus rhythm in patients with atrial fibrillation; EF = ejection fraction; ERATO = Efficacy and safety of dRonedArone for The cOntrol of ventricular rate during atrial fibrillation; EURIDIS = EURopean trial In atrial fibrillation or flutter patients receiving Dronedarone for the maIntenance of Sinus rhythm; MI = myocardial infarction; RRR = relative risk reduction; SE = systemic embolism.

The authors apologize for this error.