

Corrigendum to: 'Guidelines for the management of atrial fibrillation' [*European Heart Journal* (2010) 31, 2369–2429 and *EP-Europace* (2010) 12, 1360–1420]. The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). Developed with the special contribution of the European Heart Rhythm Association (EHRA). Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS). Authors/Task Force Members: A. John Camm (Chairperson) (UK), Paulus Kirchhof (Germany), Gregory Y.H. Lip (UK), Ulrich Schotten (The Netherlands), Irene Savelieva (UK), Sabine Ernst (UK), Isabelle C. Van Gelder (The Netherlands), Nawwar Al-Attar (France), Gerhard Hindricks (Germany), Bernard Prendergast (UK), Hein Heidbuchel (Belgium), Ottavio Alfieri (Italy), Annalisa Angelini (Italy), Dan Atar (Norway), Paolo Colonna (Italy), Raffaele De Caterina (Italy), Johan De Sutter (Belgium), Andreas Goette (Germany), Bulent Gorenek (Turkey), Magnus Heldal (Norway), Stefan H. Hohloser (Germany), Philippe Kolh (Belgium), Jean-Yves Le Heuzey (France), Piotr Ponikowski (Poland), and Frans H. Rutten (The Netherlands).

The European Society of Cardiology and the publishers regret that a table containing errors was published in these guidelines. Table 15 (page 2399 in the *European Heart Journal* and page 1390 in *EP-Europace*) should be replaced by the table below (the areas that have been corrected are identified by blue type).

Table 15 Drugs for rate control

	Intravenous administration	Usual oral maintenance dose
Metoprolol CR/XL	2.5–5 mg iv bolus over 2 min; up to 3 doses	100–200 mg o.d. (ER)
Bisoprolol	N/A	2.5–10 mg o.d.
Atenolol	N/A	25–100 mg o.d.
Esmolol	50–200 µg/kg/min iv	N/A
Propranolol	0.15 mg/kg iv over 1 min	10–40 mg t.i.d.
Carvedilol	N/A	3.125–25 mg b.i.d.
Verapamil	0.0375–0.15 mg/kg iv over 2 min	40 mg b.i.d. to 360 mg (ER) o.d.
Diltiazem	N/A	60 mg t.i.d. to 360 mg (ER) o.d.
Digoxin	0.5–1 mg	0.125 mg–0.5 mg o.d.
Digitoxin	0.4–0.6 mg	0.05 mg–0.1 mg o.d.
Amiodarone	5 mg/kg in 1 h, and 50 mg/h maintenance	100 mg–200 mg o.d.
Dronedarone ^a	N/A	400 mg b.i.d.

ER = extended release formulations; N/A = not applicable.

^aOnly in patients with non-permanent atrial fibrillation.

Also, Figure 9 (page 2400 in the *European Heart Journal* and page 1391 in *EP-Europace*) should have shown under 'Inactive' that the following rate control drugs are also allowed: β -blocker, diltiazem, and verapamil.

The authors wish to apologize that these errors were not identified earlier. The corrected table and figure appear in the online editions of the *European Heart Journal* and *EP-Europace*.