

**Corrigendum to:** 'ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012'[Eur Heart J 2012;33:1787–1847, doi:10.1093/eurheartj/ehs104.

J.J.V. McMurray, S. Adamopoulos, S.D. Anker, A. Auricchio, M. Böhm, K. Dickstein, V. Falk, G. Filippatos, C. Fonseca, M.A. Gomez-Sanchez, T. Jaarsma, L. Køber, G.Y.H. Lip, A.P. Maggioni, A. Parkhomenko, B.M. Pieske, B.A. Popescu, P.K. Rønnevik, F.H. Rutten, J. Schwitler, P. Seferovic, J. Stepinska, P.T. Trindade, A.A. Voors, F. Zannad, and A. Zeiher

In the table on page 1811, the text 'should not be used' should read 'are not recommended' in two instances. These occur in rows 1 and 2. In row 3, the text 'should be avoided if possible' should be changed to 'are not recommended'. Row 3 should read 'NSAIDs and COX-2 inhibitors are not recommended as they may cause sodium and water retention...'

The table on page 1816 should read as follows:

### Recommendations for the use of CRT where the evidence is uncertain—patients with symptomatic HF (NYHA functional class II–IV) and a persistently reduced EF despite optimal pharmacological therapy and in AF or with a conventional pacing indication

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>	Ref <sup>c</sup>
<b>Patients in permanent AF</b>			
CRT-P/CRT-D should be considered in patients in NYHA functional class III or ambulatory class IV with a QRS duration $\geq 120$ ms and an EF $\leq 35\%$ , who are expected to survive with good functional status for $>1$ year, to reduce the risk of HF worsening if: <ul style="list-style-type: none"> <li>The patient is pacemaker dependent as a result of AV nodal ablation</li> </ul>	<b>IIa</b>	<b>B</b>	I63a
CRT-P/CRT-D may be considered in patients in NYHA functional class III or ambulatory class IV with a QRS duration $\geq 120$ ms and an EF $\leq 35\%$ , who are expected to survive with good functional status for $>1$ year, to reduce the risk of HF worsening if: <ul style="list-style-type: none"> <li>The patient requires pacing because of an intrinsically slow ventricular rate</li> <li>The patient's ventricular rate is <math>\leq 60</math> b.p.m. at rest and <math>\leq 90</math> b.p.m. on exercise.</li> </ul>	<b>IIb</b> <b>IIb</b>	<b>C</b> <b>C</b>	– –
<b>Patients with an indication for conventional pacing and no other indication for CRT</b>			
In patients who are expected to survive with good functional status for $>1$ year: <ul style="list-style-type: none"> <li>CRT should be considered in those in NYHA functional class III or IV with an EF <math>\leq 35\%</math>, irrespective of QRS duration, to reduce the risk of worsening of HF</li> <li>CRT may be considered in those in NYHA functional class II with an EF <math>\leq 35\%</math>, irrespective of QRS duration, to reduce the risk of worsening of HF.</li> </ul>	<b>IIa</b> <b>IIb</b>	<b>C</b> <b>C</b>	– –

CRT-D = cardiac resynchronization therapy defibrillator; CRT-P = cardiac resynchronization therapy pacemaker; EF = ejection fraction; HF = heart failure; NYHA = New York Heart Association.

<sup>a</sup>Class of recommendation.

<sup>b</sup>Level of evidence.

<sup>c</sup>References.

The bullet point 'The patient requires pacing because of an intrinsically slow ventricular rate' should be placed above the text beginning 'CRT-P/CRT-D may be considered...'

In the table on page 1829, the text 'should be considered' should read 'is recommended' in two instances. These occur in the table section 'Patients with AF and a rapid ventricular rate', rows 3 and 4. Row 3 should read 'Electrical cardioversion or pharmacological cardioversion with amiodarone is recommended in patients...'. Row 4 should read 'Intravenous administration of a cardiac glycoside is recommended for rapid control of the ventricular rate. In addition, in row 1 of this section the authors would like to add 'It is recommended that' to the beginning of the sentence, so it reads: 'It is recommended that patients should be fully anticoagulated...'