Erratum to “Associations of Cardiorespiratory Fitness and Fatness with Metabolic Syndrome in Rural Women with Prehypertension”

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Erratum
Erratum to “Associations of Cardiorespiratory Fitness and Fatness with Metabolic Syndrome in Rural Women with Prehypertension”

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In the original paper, the authors discovered a computer coding error that resulted in 33 of the women’s ages being incorrectly recorded.

All analyses were repeated for this paper using the corrected age dataset, as all our logistic regression analyses in the published paper were adjusted for age. The repeated analyses, using the corrected dataset, lead to minor changes that needed to be reported to the results in the published paper. These corrections did not change the conclusion of the published paper. The authors apologize for any inconvenience.

In the Abstract, line 8, should be changed from 7% to 8%; line 9, should be changed from 75% to 81%; line 9, should be changed from 59% to 69%.

Tables 2-3 were updated as provided.

In Section 2.1, page 3, column 1, paragraph 2, line 1, $57.8 \pm 7.6$ should be changed to $56.4 \pm 6.3$.

In Section 2.2, page 3, column 1, paragraph 1, line 5, 70 should be changed to 170.

In Section 3, page 4, column 2, paragraph 2, line 5, 1.21 should be changed to 1.20; in line 5, 1.14–1.29 should be changed to 1.13–1.27; in line 8, 7% should be changed to 8%; in line 9, 0.93 should be changed to 0.92; in line 9, 0.90–0.97 should be changed to 0.88–0.96; in line 10, $<0.001$ should be changed to $<0.001$.

In Section 3, page 4, column 2, paragraph 3, line 5, 75% should be changed to 81%; in line 6, 0.25 should be changed to 0.19; in line 6, 0.12–0.52 should be changed to 0.09–0.41; in line 10, 59% should be changed to 69%; in line 10, 0.41 should be changed to 0.31; in line 10, 0.19–0.87 should be changed to 0.14–0.69; in line 10, 0.02 should be changed to 0.004.
Table 2: Logistic regressions predicting the metabolic syndrome from percent body fat and estimated cardiorespiratory fitness.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>% Body fat</td>
<td>0.18</td>
<td>1.20</td>
<td>1.13–1.27</td>
</tr>
<tr>
<td>Fitness</td>
<td>-0.09</td>
<td>0.92</td>
<td>0.88–0.96</td>
</tr>
<tr>
<td>% Body fat × fitness</td>
<td>-0.01</td>
<td>1.01</td>
<td>1.00–1.01</td>
</tr>
</tbody>
</table>

All models were adjusted for age, education, and household income. Nagelkerke $R^2$ squares were 0.24, 0.24, and 0.25 for % body fat models 1, 2 and 3, respectively. Nagelkerke $R$ square was 0.11 for fitness model 1.

Table 3: Logistic regressions predicting metabolic syndrome by unfit/fat and fit/fat categories using two body composition methods.

<table>
<thead>
<tr>
<th>Cases</th>
<th>Model 1—fit/fat categories defining obesity by percent body fat</th>
<th>Model 2—fit/fat categories defining obesity by revised BMI cut-score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>OR</td>
</tr>
<tr>
<td>Unfit/fat</td>
<td>78/188 (41.5%)</td>
<td>1</td>
</tr>
<tr>
<td>Fit/fat</td>
<td>12/85 (14.1%)</td>
<td>-1.17</td>
</tr>
</tbody>
</table>

"Fat" was defined as body fat cut-score ≥30% and as ≥25 kg/m² for revised BMI obesity cut-score.
"Fit" was >25 mL/kg/min. Both models were adjusted for age, education, and household income.
Both models excluded women classified as “not-fat” as there were no cases of metabolic syndrome in women classified as “non-fat.” Nagelkerke $R^2$ was 0.13 and 0.07 for models 1 and 2, respectively.