

ERRATA

- Volume I, pg. 1-323**
Chapter:
Endocrine and Metabolic Disorders
- Revised Answer Explanation to self assessment question 7 (pg. 1-283)**
Answer explanation should read:
An elderly woman with heart disease should be initiated on a lower initial dose of levothyroxine. Answer B is the normal starting dose and is likely too high an initial dose for an elderly patient with established heart disease. Answer C and Answer D are incorrect because the drug of choice is liothyronine. Liothyronine is less predictable and may increase cardiovascular risk, and this patient has established heart disease.
- Volume I, pg. 1-416**
Chapter:
General Psychiatry
- Update:*
Correction to Patient Case 17.
- Correct Answer is D: Zaleplon**
C.D. is able to fall asleep easily but complains of significant mid-nocturnal awakening with inability to fall back asleep. Zaleplon is most appropriate since it can be taken in the middle of the night as long as she has at least 4 hours of sleep before waking time. It also has the shortest half-life and less likely to cause daytime drowsiness. Eszopiclone has a longer half-life and may cause daytime sedation. Trazodone also has long half-life and has less efficacy data compared with zaleplon or eszopiclone. Temazepam is a benzodiazepine that may have the greatest risk of causing daytime sedation and is not considered a first-line option for insomnia.
- Volume I, pg. 1-533**
Chapter:
Nephrology
- Update:*
Correction to Patient Case 9 Answer key
- Correct Answer is B: Add chlorthalidone 50 mg/day. Monitor BP, SCr, and K in 2 weeks.**
For Patient Case 9 that appears on page I-517, the correct answer is B. The answer key on page I-533 should indicate that B is the correct answer.
- Volume II, pg. 2-93, 2-121**
Chapter:
Pharmacokinetics
- Update:*
Correction to Self Assessment Question 9 and answer explanation.
- Answer choice C: should be Multiple regression**
Revised Answer Explanation (pg. 2-121)
First sentence should read:
The correct statistical test is multiple regression.
- Volume II, pg. 2-209, 2-211**
Chapter:
Cardiology II
- Update:*
Correction to references.
- Corrected Reference:** Figure 1 and Figure 2 are adapted from:
Alan T. Hirsch, Ziv J. Haskal, Norman R. Hertzler, Curtis W. Bakal, Mark A. Creager, et al. ACC/AHA 2005 Practice Guidelines for the Management of Patients with Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): A Collaborative Report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients with Peripheral Arterial Disease): Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation. *Circulation* 2006;113:e463-e465.
- Volume II, pg. 2-230**
Chapter:
Cardiology II
- Update:*
Correction to Patient Case 6.
- Correct Answer is C: Moderate**
As 0.86 falls in this limit (0.41-0.9) which means mild to moderate.