

Erratum

Erratum to “Factors Associated with Long-Term Control of Type 2 Diabetes Mellitus”

Mohammed Badedi ¹, **Yahiya Solan** ², **Hussain Darraj** ³, **Abdullah Sabai** ³,
Mohamed Mahfouz ⁴, **Saleh Alamodi**,⁵ and **Abdullah Alsabaani**⁶

¹Public Health Administration, Jazan Health Affairs, Ministry of Health, Jazan, Saudi Arabia

²Diabetes Center, Jazan Health Affairs, Jazan, Saudi Arabia

³Jazan Health Affairs, Ministry of Health, Jazan, Saudi Arabia

⁴Faculty of Medicine, Jazan University, Jazan, Saudi Arabia

⁵Jazan General Directorate of Education, Ministry of Education, Jazan, Saudi Arabia

⁶College of Medicine, King Khalid University, Abha, Saudi Arabia

Correspondence should be addressed to Mohammed Badedi; dr.badedi@gmail.com

Received 6 February 2019; Accepted 14 February 2019; Published 6 May 2019

Copyright © 2019 Mohammed Badedi et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

In the article titled “Factors Associated with Long-Term Control of Type 2 Diabetes Mellitus” [1], the less and greater than signs were reversed in the tables and the text. In addition, there were minor errors in Introduction and the format of Table 2.

- (1) In Introduction, there was a minor spelling error where the text reading “To the best of our knowledge, this is the first study that has been carried out on patients with T2DM to identify factors related to glycemic control in the Jazan region of Saudi Arabia” should be corrected to “To the best of our knowledge, this is the first study that has been carried out on patients with T2DM to identify factors related to glycemic control in the Jazan region of Saudi Arabia.”
- (2) The last sentence in the “Data Analysis” subsection in the Methods reading “A P value of >0.05 was considered to be statistically significant” should be corrected to “A P value of < 0.05 was considered to be statistically significant.”
- (3) In the first paragraph of the “Result” section, the sentence reading “Of the total respondents, 74% had poor glycemic control ($HbA1c < 7\%$)” should be

corrected to “Of the total respondents, 74% had poor glycemic control ($HbA1c > 7\%$).”

- (4) In Table 1, the category “Duration of diabetes (year)” included reversed less and greater than signs. The corrected table is as shown below.
- (5) In Table 2, the less and greater than signs were reversed in many categories and the format of the category “Medication and treatment modalities” should be updated for clarity. The corrected table is as shown below.
- (6) In the subsection titled “Logistic Regression Analysis of Factors Associated with $HbA1c$ ” in the “Result” section, the text reading “Variables in the regression model included not taking medication ($OR = 4.06$, $P = 0.013$), number of medications ($OR = 7.49$, $P > 0.005$), extended duration of diabetes ($OR = 4.64$, $P = 0.001$), and low confidence in the ability to control diabetes” should be corrected to “Variables in the regression model included not taking medication ($OR = 4.06$, $P = 0.013$), number of medications ($OR = 7.49$, $P < 0.005$), extended duration of

TABLE 1: Sociodemographic and health risk factors.

| Variable | Categories | <i>n</i> (%) | HbA1c | <i>P</i> |
|--|--|------------------------|-------|----------|
| Age (year) | 28-49 | <i>n</i> = 87 (30.2%) | 9 | .011 |
| | 50-64 | <i>n</i> = 148 (51.4%) | 8.7 | |
| | 64-83 | <i>n</i> = 53 (18.4%) | 7.7 | |
| Sex | Male | <i>n</i> = 145 (50.3%) | 8.5 | .083 |
| | Female | <i>n</i> = 143 (49.7%) | 8.9 | |
| Marital status | Divorced | <i>n</i> = 7 (2.4%) | 11.5 | .005 |
| | Single | <i>n</i> = 16 (5.6%) | 9.5 | |
| | Widowed | <i>n</i> = 36 (12.5%) | 9.4 | |
| | Married | <i>n</i> = 229 (79.5%) | 8.5 | |
| Education level | Illiterate | <i>n</i> = 36 (12.5%) | 9.2 | .032 |
| | Read and write | <i>n</i> = 33 (11.5%) | 9.1 | |
| | Elementary school level | <i>n</i> = 41 (14.2%) | 8.9 | |
| | Intermediate school level | <i>n</i> = 42 (14.6%) | 8.8 | |
| | Secondary school level | <i>n</i> = 57 (19.8%) | 8.2 | |
| Occupation | University level | <i>n</i> = 79 (29.4%) | 8.1 | .691 |
| | Unemployed | <i>n</i> = 8 (2.1%) | 8.8 | |
| | Employed | <i>n</i> = 105 (36.5%) | 8.3 | |
| | Retired | <i>n</i> = 67 (23.3%) | 8.7 | |
| | Homemaker | <i>n</i> = 103 (35.8%) | 8.9 | |
| | Businessman | <i>n</i> = 4 (1.4%) | 8.9 | |
| | Disabled | <i>n</i> = 3 (1%) | 7.6 | |
| Smoking history | Smoker | <i>n</i> = 63 (21.9%) | 9.4 | .031 |
| | Ex-smoker | <i>n</i> = 2 (0.7%) | 8.6 | |
| | Nonsmoker | <i>n</i> = 223 (77.4%) | 8.5 | |
| Duration of diabetes (year) | ≥7 | <i>n</i> = 166 (42.4%) | 9.1 | <.001 |
| | <7 | <i>n</i> = 122 (57.6%) | 7.5 | |
| | Irritable bowel syndrome (IBS) | <i>n</i> = 9 (3.1%) | 11.5 | |
| Other chronic diseases or diabetes complications | Hypertension (HTN) | <i>n</i> = 162 (56.2) | 8.8 | .020 |
| | Asthma | <i>n</i> = 6 (2.1%) | 8.8 | |
| | No other chronic disease or diabetes complications | <i>n</i> = 111 (38.6%) | 8.5 | |

TABLE 2: Self-care behavior's adherence and HbA1c.

| Variable | Categories | <i>n</i> (%) | HbA1c (%) | <i>P</i> |
|---|---|------------------------|-----------|----------|
| Following a meal plan | Low adherence | <i>n</i> = 232 (80.6%) | 9.0 | <.001 |
| | High adherence | <i>n</i> = 56 (19.4%) | 7.3 | |
| Taking medications | Low adherence | <i>n</i> = 89 (30.9%) | 9.2 | .001 |
| | High adherence | <i>n</i> = 199 (69.1%) | 8.2 | |
| Exercising | Low adherence | <i>n</i> = 121 (42%) | 8.8 | .310 |
| | High adherence | <i>n</i> = 167 (58%) | 8.6 | |
| Testing blood glucose | Low adherence | <i>n</i> = 146 (50.7%) | 8.9 | .301 |
| | High adherence | <i>n</i> = 142 (49.3%) | 8.6 | |
| Following a meal plan and taking medication | Low adherence | <i>n</i> = 80 (27.8%) | 9.4 | <.001 |
| | High adherence | <i>n</i> = 47 (16.3%) | 7.0 | |
| Following a meal plan and exercising regularly | Low adherence | <i>n</i> = 105 (36.5%) | 9.0 | <.001 |
| | High adherence | <i>n</i> = 40 (13.9%) | 7.4 | |
| Following a meal plan, taking medication, exercising, and testing blood glucose | Low adherence | <i>n</i> = 37 (12.8%) | 10.1 | <.001 |
| | High adherence | <i>n</i> = 26 (9%) | 6.9 | |
| Number of medications | >4 | <i>n</i> = 136 (47.2%) | 9.5 | .001 |
| | ≤4 | <i>n</i> = 152 (52.8%) | 7.4 | |
| Treatment modalities | Oral antidiabetic agents alone | <i>n</i> = 229 (79.5%) | 8.7 | .740 |
| | Oral antidiabetic agents and insulin | <i>n</i> = 59 (20.5%) | 8.7 | |
| Medication and treatment modalities | Low medication adherence—oral antidiabetic agents with insulin | <i>n</i> = 26 (9%) | 9.5 | .001 |
| | Low medication adherence—oral antidiabetic agents alone | <i>n</i> = 60 (20.8%) | 9.2 | |
| | High medication adherence—oral antidiabetic agents alone | <i>n</i> = 169 (58.7%) | 8.2 | |
| | High medication adherence—oral antidiabetic agents with insulin | <i>n</i> = 33 (11.5%) | 8.1 | |

TABLE 4: Anthropometrics and HbA1c levels.

| Variable | Categories | <i>n</i> (%) | HbA1c | <i>P</i> |
|---|--------------------------|------------------------|-------|----------|
| Family provides help and support | Lesser extent (a little) | <i>n</i> = 76 (26.4%) | 9.4 | .002 |
| | Greater extent (a lot) | <i>n</i> = 212 (73.6%) | 8.4 | |
| Physician-patient relationship | Lesser extent (seldom) | <i>n</i> = 41 (14.2%) | 10.6 | <.001 |
| | Greater extent (often) | <i>n</i> = 247 (85.8%) | 8.5 | |
| Knowledge towards diabetes | Lesser extent | <i>n</i> = 136 (47.2%) | 8.9 | .020 |
| | Greater extent | <i>n</i> = 152 (52.8%) | 8.5 | |
| Confidence in ability to manage self-care behaviors | Not confident | <i>n</i> = 159 (55.2%) | 8.9 | .001 |
| | Confident | <i>n</i> = 129 (44.8%) | 8.5 | |
| Physical health | <40 | <i>n</i> = 57 (19.8%) | 11.8 | <.001 |
| | 40-50 | <i>n</i> = 93 (32.3%) | 9.12 | |
| | >50 | <i>n</i> = 138 (47.9%) | 7.50 | |
| Depression | Major depression | <i>n</i> = 41 (14.2%) | 11.3 | <.001 |
| | Atypical depression | <i>n</i> = 63 (21.9%) | 8.70 | |
| | No depression | <i>n</i> = 184 (63.9%) | 7.85 | |
| Stressful life events | High risk >300 | <i>n</i> = 24 (8.3%) | 11.8 | <.001 |
| | Moderate risk 150-300 | <i>n</i> = 45 (15.6%) | 8.90 | |
| | Low risk <150 | <i>n</i> = 219 (76%) | 8.00 | |
| Blood pressure (BP) (mmHg) | High blood pressure | <i>n</i> = 127 (44.1%) | 9.0 | .073 |
| | Normal blood pressure | <i>n</i> = 161 (55.9%) | 8.5 | |
| | Obese | <i>n</i> = 134 (46.5%) | 8.9 | |
| Body mass index (BMI) (kg/m ²) | Overweight | <i>n</i> = 107 (37.2%) | 8.7 | .01 |
| | Normal weight | <i>n</i> = 44 (15.3%) | 7.9 | |
| | Underweight | <i>n</i> = 3 (1%) | 6.3 | |
| Cholesterol (mg/dl) | Blood cholesterol ≥ 200 | <i>n</i> = 117 (40.6%) | 9.2 | <.001 |
| | Blood cholesterol < 200 | <i>n</i> = 171 (59.4%) | 8.1 | |
| High-density lipoprotein (HDL) (mg/dl), male | Low HDL < 40 | <i>n</i> = 80 (55.2%) | 9.1 | <.001 |
| | High HDL ≥ 40 | <i>n</i> = 65 (44.8%) | 7.6 | |
| High-density lipoprotein (HDL) (mg/dl), female | Low HDL < 50 | <i>n</i> = 94 (65.7%) | 9.1 | .027 |
| | High HDL ≥ 50 | <i>n</i> = 49 (34.3%) | 7.8 | |
| Low-density lipoprotein (LDL) (mg/dl) | High LDL ≥ 100 | <i>n</i> = 198 (68.8%) | 8.8 | .026 |
| | Low LDL < 100 | <i>n</i> = 90 (31.2%) | 8.2 | |
| Triglyceride (TG) (mg/dl) | High TG ≥ 150 | <i>n</i> = 116 (40.3%) | 9.1 | <.01 |
| | Low TG < 150 | <i>n</i> = 172 (59.7%) | 8.4 | |

TABLE 5: Regression model for factors associated with HbA1c.

| Variable | Categories | OR (95% confidence interval) | <i>P</i> |
|---|----------------|------------------------------|----------|
| Taking medication | Low adherence | 4.06 (1.34, 12.27) | .013 |
| | High adherence | | |
| Number of medications | >4 | 7.49 (3.45, 16.26) | <.005 |
| | ≤4 | | |
| Duration of diabetes (year) | ≥7 | 4.64 (1.85, 11.67) | .001 |
| | <7 | | |
| Confidence in ability to manage self-care behaviors | Not confident | 4.01 (1.52, 10.63) | .005 |
| | Confident | | |

diabetes (OR = 4.64, $P = 0.001$), and low confidence in the ability to control diabetes.”

- (7) In Table 4, the less and greater than signs were reversed in many categories. The corrected table is as shown below.
- (8) In Table 5, the less and greater than signs were reversed in many categories. The corrected table is as shown below.

References

- [1] M. Badedi, Y. Solan, H. Darraj et al., “Factors associated with long-term control of type 2 diabetes mellitus,” *Journal of Diabetes Research*, vol. 2016, Article ID 2109542, 8 pages, 2016.



Hindawi

Submit your manuscripts at
www.hindawi.com

