

Assessment of periodontal conditions and systemic disease in older subjects

Persson RE, Hollender LG, MacEntee MI, Wyatt CCL, Kiyak HA, Persson GR
J Clin Periodontol 2003; 30: 207–213.

Table 3 was cited in this article but not included.

Table 3. Analysis of predictable factors of statistical significance and diabetic status. Included are also three non-significant periodontal factors

Model	Coefficients*					
	Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig.	95% confidence interval for B
	B	Std. error	Beta			lower bound upper bound
1 (constant)	0.676	0.089		7.639	0.000	0.502 0.850
heart attack	0.254	0.057	0.171	4.479	0.000	0.143 0.365
stroke	0.174	0.065	0.100	2.663	0.008	0.046 0.303
PD %	3.00E – 03	0.001	0.120	2.641	0.008	0.001 0.005
ethnicity	– 1.9E – 02	0.008	– 0.095	– 2.459	0.014	– 0.035 – 0.004
horiz bone loss	– 3.4E – 02	0.021	– 0.074	– 1.651	0.099	– 0.075 0.006
CAL %	1.01E – 03	0.001	0.077	1.558	0.120	0.000 0.002
# vertical defects	1.02E – 02	0.015	0.029	0.693	0.489	– 0.019 0.039

*Dependent variable: 1 = no metabolic disease, 2 = NIDDM, 3 = IDDM.

Relationships between radiographic alveolar bone height and probing attachment level: data from healthy post-menopausal women

Pilgram TK, Hildebolt CF, Yokoyama-Crothers N, Dotson M, Cohen SC, Hauser JF, Kardaris E. *J Clin Periodontol* 2000; 27: 341–346.

The dose of vitamin D was incorrectly reported in this article on p. 342 as 800 IU every other day. The correct dose was 400 IU daily.

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