

Erratum to: Potential Role of Dexamphetamine in the Treatment of Non-alcoholic Fatty Liver Disease: Hopes and Pitfalls

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Citation: *touchREVIEWS in Endocrinology*. 2021;1(2): [online only]

Erratum to: *touchREVIEWS in Endocrinology*. 2021;1(1): 33–6 DOI: <https://doi.org/10.17925/EE.2021.1.1.33>

In the originally published article, there was an error in the author affiliations, which incorrectly listed Dr Mandeep Singla as affiliated with the Department of Pharmacology at the Government Medical College and Hospital, Chandigarh. Dr Mandeep Singla is affiliated with the Department of Medicine at the Government Medical College and Hospital, Chandigarh, India. This has been updated as below and online.

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There were also errors to the citations in *Table 1*, both in the table and where the table was cited within the text. Where Ghazala et al., 2018 was cited incorrectly as reference 25, this should cite reference 26. The reference to Ismail et al., 2006 that was cited incorrectly as reference 26, should cite reference 27. The reference to Denzer et al., 2019 that was cited incorrectly as reference 27, should cite reference 28. The reference to Mason et al., 2002 that was cited incorrectly as reference 28, should cite reference 29. The reference to Poulton et al., 2015 that was cited incorrectly as reference 29, should cite reference 30. The in-text table reference on page 2 should cite the references 26–30. This has been corrected online, and *Table 1* has been corrected below.

Table 1: Evidence from clinical studies regarding potential use of dexamphetamine in non-alcoholic fatty liver disease

Study	Study design	Findings
Ghazala et al., 2018 ²⁶	Case series	Dexamphetamine significantly reduced hepatic steatosis in patient suffering from Dercum's disease
Ismail et al., 2006 ²⁷	Retrospective review of case notes	Dexamphetamine at a dose of 5 mg twice daily for 15 months caused weight loss and improved exercise tolerance in patients with structural hypothalamic lesions
Denzer et al., 2019 ²⁸	Retrospective case series	In patients with hypothalamic obesity, dexamphetamine administration significantly reduced BMI
Mason et al., 2002 ²⁹	Prospective clinical study	Treatment with dexamphetamine led to stabilization in weight gain and reduced BMI from 32 ± 2.8 at the start of treatment to 31 ± 3.3 after 24 months of study. This also led to improvement in overall activity and attention of children
Poulton et al., 2015 ³⁰	Open-label pilot study	Obese adults who were treated with dexamphetamine (for 6 months) at a maximum dose of 30 mg/day (in addition to diet, and exercise) showed a significant weight reduction by 10.6 kg (p<0.001). After stopping therapy with dexamphetamine there was a rebound gain in weight by 4.5 kg (in 6 months p=0.003). No cardiac adverse effects were observed

BMI = body mass index.

Finally, there was an error in reference 27, which incorrectly read as "Smail D, O'Connell MA, Zacharin MR. Dexamphetamine use for management of obesity and hypersomnolence following hypothalamic injury. *J Pediatr Endocrinol Metab*. 2006;19:129–34." and should read "Ismail D, O'Connell MA, Zacharin MR. Dexamphetamine use for management of obesity and hypersomnolence following hypothalamic injury. *J Pediatr Endocrinol Metab*. 2006;19:129–34.". This has been corrected online. □