

Errata

Gower BA, Nagy TR, Goran MI: Visceral fat, insulin sensitivity, and lipids in prepubertal children. *Diabetes* 48:1515–1521, 1999

In the above article, the decimal point in one set of values was inadvertently misplaced, affecting the insulin sensitivity (S_i) data in Table 1 on page 1516 and Fig. 1 on page 1518. The corrected table and figure appear here.

TABLE 1
Descriptive statistics

	African-Americans		Caucasians		Two-way analysis of variance*
	Male	Female	Male	Female	
<i>n</i>	21	17	14	9	
Age (years)	8.6 ± 1.2 (7.0–10.9)	8.9 ± 1.4 (6.7–11.0)	9.0 ± 1.4 (6.6–11.0)	9.2 ± 1.0 (8.0–11.0)	NS
Body mass (kg)	38.9 ± 14.0 (24.6–72.5)	35.0 ± 12.6 (16.0–61.8)	40.0 ± 12.8 (22.1–63.9)	39.1 ± 17.0 (24.6–77.9)	NS
BMI (kg/m ²)	20.6 ± 5.0 (14.1–35.0)	18.8 ± 5.2 (13.1–30.5)	20.9 ± 4.5 (13.8–27.8)	20.5 ± 5.8 (15.5–30.7)	NS
Total fat mass (kg)	9.1 ± 7.5 (1.7–28.6)	10.5 ± 7.8 (1.9–27.9)	11.3 ± 8.2 (2.0–24.0)	12.1 ± 9.7 (4.7–33.8)	NS
Visceral fat (cm ²)	34.1 ± 24.1 (10.0–111.0)	26.6 ± 16.8 (9.4–57.8)	43.2 ± 23.8 (14.3–92.1)	48.4 ± 33.4 (15.2–104.3)	Ethnicity†
SAAT (cm ²)	74.2 ± 75.4 (9.9–270.0)	115.4 ± 120.3 (8.8–436.1)	143.4 ± 108.7 (19.5–297.0)	137.7 ± 127.7 (36.6–414.9)	Ethnicity‡
Fasting insulin (pmol/l)	83 ± 57 (24–216)	75 ± 32 (24–132)	72 ± 31 (24–120)	97 ± 72 (36–222)	NS
Fasting glucose (mmol/l)	5.2 ± 0.3 (4.7–5.7)	5.1 ± 0.4 (4.3–5.7)	5.2 ± 0.2 (4.9–5.5)	5.0 ± 0.2 (4.8–5.4)	Sex‡
S_i ($\times 10^{-5} \text{ min}^{-1} \cdot \text{pmol}^{-1} \cdot \text{l}$)	7.8 ± 4.7 (1.0–17.7)	5.2 ± 2.9 (1.3–11.9)	8.9 ± 5.8 (2.8–22.7)	14.1 ± 11.4 (1.1–38.5)	Ethnicity†
TG (mmol/l)	0.48 ± 0.18 (0.25–0.96)	0.56 ± 0.30 (0.25–1.43)	0.75 ± 0.35 (0.25–1.56)	0.80 ± 0.43 (0.32–1.66)	Ethnicity§
Total cholesterol (mmol/l)	4.52 ± 1.09 (3.26–7.37)	3.84 ± 0.82 (2.22–5.15)	4.05 ± 0.58 (3.15–5.28)	3.92 ± 0.42 (3.41–4.65)	Sex‡
HDL cholesterol (mmol/l)	1.16 ± 0.30 (0.67–1.89)	1.06 ± 0.24 (0.67–1.40)	1.00 ± 0.19 (0.78–1.45)	0.88 ± 0.17 (0.62–1.06)	Ethnicity†; sex‡
LDL cholesterol (mmol/l)	3.13 ± 1.21 (1.93–6.06)	2.52 ± 0.64 (1.36–3.56)	2.71 ± 0.57 (1.94–3.92)	2.68 ± 0.41 (2.14–3.27)	NS

Data are means ± SD (range). *Significant main effects. † $P < 0.05$; ‡ $0.05 < P < 0.1$; § $P < 0.01$.

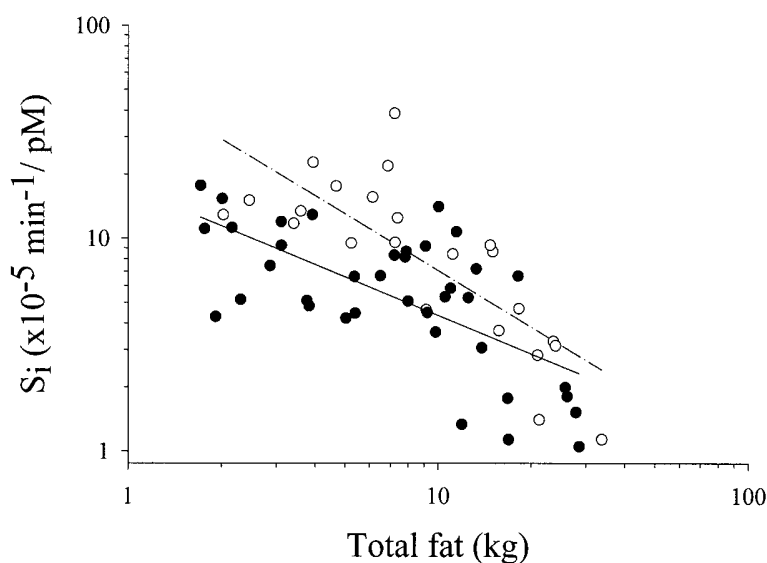


FIG. 1. Insulin sensitivity versus total fat in African-American (●) and Caucasian (○) children. Slopes of the two lines do not differ ($-0.60 [\times 10^{-5} \text{ min}^{-1} \cdot \text{pmol}^{-1} \cdot \text{l}]/\text{kg total fat}$ for African-Americans and $-0.88 [\times 10^{-5} \text{ min}^{-1} \cdot \text{pmol}^{-1} \cdot \text{l}]/\text{kg total fat}$ for Caucasians; $P = 0.138$).

Somwar R, Perreault M, Kapur S, Taha C, Sweeney G, Ramlal T, Kim DY, Keen J, Côté CH, Klip A, Marette A: Activation of p38 mitogen-activated protein kinase α and β by insulin and contraction in rat skeletal muscle: potential role in the stimulation of glucose transport. *Diabetes* 49:1794–1800, 2000

In the legends to Figs. 4 and 6 in the above article, bars in the graphs were misidentified. The figures and their corrected legends appear below.

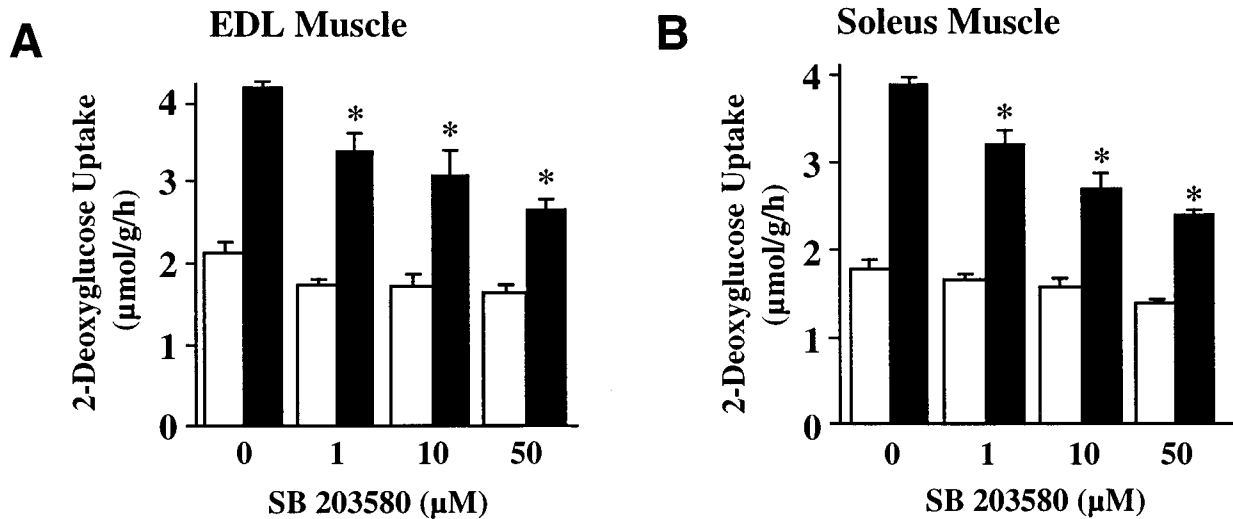


FIG. 4. Reduction of insulin-induced 2-deoxyglucose uptake by SB203580. Isolated EDL (A) and soleus (B) muscle strips were incubated with or without the indicated concentrations of SB203580 for 20 min. Muscles were then incubated for 30 min with or without insulin in the absence (□) or continued presence (■) of SB203580. 2-Deoxyglucose uptake was then determined. Results represent the means \pm SE of five different muscles in each group. * $P < 0.01$ compared with insulin treatment in the absence of inhibitor.

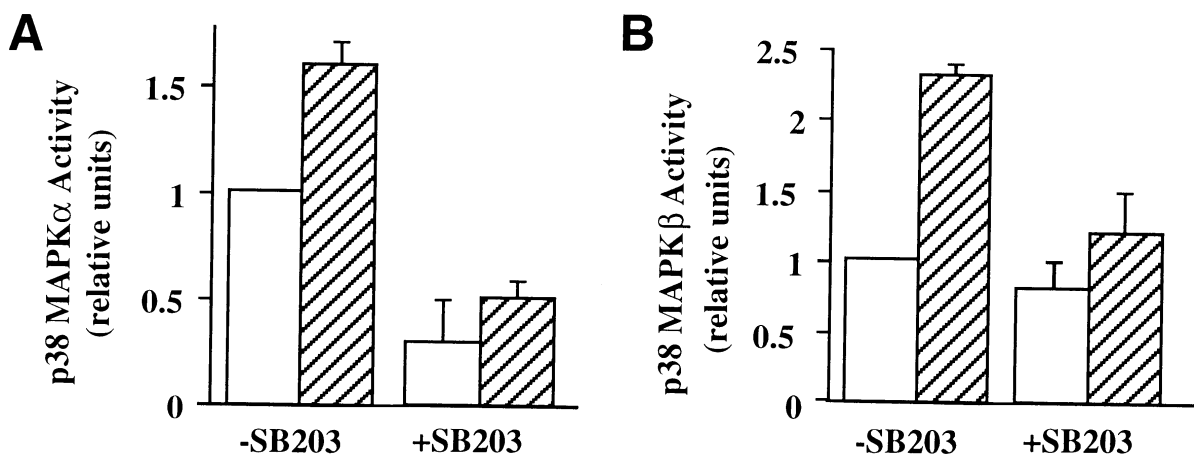


FIG. 6. Contraction-stimulated 2-deoxyglucose uptake is reduced by SB203580. Isolated EDL were incubated with or without the indicated concentrations of SB203580 for 20 min. Muscles were then electrically stimulated (▨) or not (□) for 20 min in the absence or continued presence of SB203580. 2-Deoxyglucose uptake was then determined. Results represent the means \pm SE of at least three experiments. * $P < 0.05$ compared with contraction in the absence of inhibitor.