3. Abrahams S, Goldstein LH, Al Chalabi A, et al. Relation between cognitive dysfunction and pseudobulbar palsy in amyotrophic lateral sclerosis. *J Neurol Neurosurg Psychiatry* 1997;62:464–472.
4. Ringholz GM, Appel SH, Bradshaw M, Cooke NA, Mosnik DM, Schulz PE. Prevalence and patterns of cognitive impairment in sporadic ALS. *Neurology* 2005;65:586–590.
5. Newsom-Davis IC, Lyall RA, Leigh PN, Moxham J, Goldstein LH. The effect of non-invasive positive pressure ventilation (NIPPV) on cognitive function in amyotrophic lateral sclerosis (ALS): a prospective study. *J Neurol Neurosurg Psychiatry* 2001;71:482–487.
6. Kertesz A, Davidson W, Fox H. Frontal Behavioral Inventory: diagnostic criteria for frontal lobe dementia. *Can J Neurol Sci* 1997;24:29–36.

CORRECTION

Cognitive impairment in hemodialysis patients is common

In the article “Cognitive impairment in hemodialysis patients is common” by A.M. Murray et al. (*Neurology* 2006;67:216–223), there are errors in table 1 (p. 217). For items 2 and 3, there should be no “≤” in either, so both 2 and 3 should read “mean in 1 domain” at the end. The table should read as follows:

Table 1 Cognitive impairment algorithm

1. Normal: scored ≤1.49 SD below the age-adjusted mean on all tests in all domains*
2. Mild cognitive impairment: scored 1.50 to 1.99 SD below the age-adjusted mean in 1 domain
3. Moderate cognitive impairment: scored 1.50 to 1.99 SD below the age-adjusted mean on one or more tests in >1 domain, or ≥2.00 SD below the mean in 1 domain
4. Severe cognitive impairment†: scored ≥2.00 SD below the age-adjusted mean on at least one test in ≥2 domains

*The cognitive domains of memory, executive function, and language.

†Classification as severe cognitive impairment requires results of at least one test in each of two or more of the three domains.

The authors regret the error.

CORRECTION

Zonisamide improves motor function in Parkinson disease: A randomized, double-blind study

In the article “Zonisamide improves motor function in Parkinson disease: A randomized, double-blind study” by M. Murata et al. (*Neurology* 2007;68:45–50), on page 49, 11 lines from the bottom of column 1, the word “decrease” was inadvertently omitted. The sentence should read: “ZNS has no affinity to γ -aminobutyric acid (GABA) type A receptor or glutamate receptors¹¹ but is known to increase GABA⁶ and decrease glutamate⁷ release.” The author regrets the error.

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