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RACE/ETHNIC DIFFERENCES IN AD SURVIVAL IN US ALZHEIMER'S DISEASE CENTERS

To the Editor: Mehta and colleagues¹ incorrectly summarized the findings of my article on dementia mortality in the United States by suggesting that “African American patients of the same age have shorter survival times.”² However, my study presented nationally representative, age-adjusted, race- and gender-specific estimates of dementia mortality rates based on different means of ascertainment, rather than survival rates of those with dementia.

Disease-specific mortality rates are an estimate of the proportion of a population that dies from or with the condition during a specified period, while survival rates are the proportion of survivors in a group (e.g., with dementia) who are studied and followed over a period of time.

My study utilized the 1986 National Mortality Followback Survey, which was based on a nationwide probability sample of persons aged 25 and over who died in the United States in 1986. For sampled decedents, information was obtained from multiple sources including death certificates, detailed questionnaires, and interviews of family members conducted by the US Bureau of the Census, and from abstracted records of health facilities that provided care during the last year of life.

Mortality rates varied widely depending on the method of ascertainment to a much greater degree than differences across race or gender. Moreover, there was an interaction between race and the method of ascertainment: black patients had lower

mortality rates than white patients when ascertainment was based on either facility diagnoses or death certificates. However, black patients had higher rates than white patients when based on informant-reported physician diagnoses of Alzheimer disease or any other serious memory impairment during life.

Douglas J. Lanska, Tomah, WI

Disclosure: The author reports no disclosures.

Reply from the Authors: We appreciate Dr. Lanska's correction and comments regarding his article.²

We would like to emphasize Dr. Lanska's point that the mortality rates calculated in his article and the survival rates in our article are not directly comparable. Mortality rates are an important measure of disease burden for a population. As stated by Dr. Lanska, the mortality rates in this article differed to a greater degree by method of ascertainment than by race.

Future work that calculates various epidemiologic measures of disease burden, including disease-specific mortality rates and survival rates for diverse race/ethnic groups, are needed to thoroughly capture the impact of dementia on mortality for diverse older adults.

Kala Mehta, San Francisco, CA

Disclosure: The author reports no disclosures.

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1. Mehta KM, Yaffe K, Pérez-Stable EJ, et al. Race/ethnic differences in AD survival in US Alzheimer's Disease Centers. *Neurology* 2008;70:1163–1170.
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CORRECTION

Improvements in memory function following anterior temporal lobe resection for epilepsy

In the article “Improvements in memory function following anterior temporal lobe resection for epilepsy” by S. Baxendale et al. (*Neurology*® 2008;71:1319–1325), there is a typographical error and a reference was omitted. The reliable change index 80% is 9.6 for the list learning task and 10.0 for the design learning task (not 8.3 and 7.4 as stated in the Methods section). The methods used to calculate the reliable change indices used in this study are described in an article by Baxendale and Thompson, which should have been included on the reference list.

Baxendale S, Thompson P. Defining meaningful postoperative change in epilepsy surgery patients: measuring the unmeasurable? *Epilepsy Behav* 2005;6:207–211.

The authors regret the errors.

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Improvements in memory function following anterior temporal lobe resection for epilepsy

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