time of medication intake with respect to assessment times. Strong placebo effects in PD outline the need for sham stimulation and the 1-Hz paradigm. Break times during TMS may affect results.^{2,3} MRI guidance may better localize SMA for stimulation. Effects of interrater and intrarater variability on UPDRS scoring and the clinical significance of reported effects are unclear.

In future studies, relevant outcome measures should include patient preference to undergo TMS as an adjunct to medication. In addition, spiral analysis would be helpful, which has shown worsening after 10-Hz repetitive TMS to the SMA.⁴ Finally, the Timed Up and Go test could be given to assess falling risk.⁵

Author Response: Yuichiro Shirota, Masashi Hamada, Tokyo; Yoshikazu Ugawa, Fukushima, Japan: Ramos et al. raised a number of interesting points regarding our study. The primary endpoint of our study was the change in UPDRS part III from the baseline.¹ As shown in figure 2 and table 1, disease severity was similar among groups.¹ Assessment was performed in the “on” state, and the time of medication intake with respect to assessment times varied among patients, even though the intraindividual

trail-to-trail difference was very small. Our exploratory study proposed a brand-new stimulation protocol (1-Hz repetitive TMS over SMA). Its utility in everyday clinical settings needs to be determined in a more refined study. The suggestions raised by Ramos et al. will improve future trials.

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1. Shirota Y, Ohtsu H, Hamada M, Enomoto H, Ugawa Y. Supplementary motor area stimulation for Parkinson disease: a randomized controlled study. *Neurology* 2013;80:1400–1405.
2. Rothkegel H, Sommer M, Paulus W. Breaks during 5Hz rTMS are essential for facilitatory after effects. *Clin Neurophysiol* 2010;121:426–430.
3. Jung SH, Shin JE, Jeong YS, Shin HI. Changes in motor cortical excitability induced by high-frequency repetitive transcranial magnetic stimulation of different stimulation durations. *Clin Neurophysiol* 2008;119:71–79.
4. Boylan LS, Pullman SL, Lisanby SH, Spicknall KE, Sackeim HA. Repetitive transcranial magnetic stimulation to SMA worsens complex movements in Parkinson's disease. *Clin Neurophysiol* 2001;112:259–264.
5. Nocera JR, Stegemoller EL, Malaty IA, Okun MS, Marsiske M, Hass CJ. Using the Timed Up & Go Test in a clinical setting to predict falling in Parkinson's disease. *Arch Phys Med Rehabil* 2013;94:1300–1305.

CORRECTION

Independent predictors of ischemic stroke in the elderly: Prospective data from a stroke unit

In the article “Independent predictors of ischemic stroke in the elderly: Prospective data from a stroke unit” by P. Forti et al. (*Neurology*® 2013;80:29–38), there is an error in the affiliations of Dr. G. Procaccianti and Dr. T. Sacquegna. The correct affiliation should read: Neurology Stroke Unit, IRCCS Institute of Neurological Sciences, Maggiore Hospital, Bologna, Italy. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).

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Independent predictors of ischemic stroke in the elderly: Prospective data from a stroke unit

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