Charles and colleagues stressed the importance of early intervention in pediatric migraine. However, the evidence is lacking on whether early intervention can alter the long-term prognosis of CDH. Our study showed that CDH in adolescents is quite fluid and most of our participants did not receive any specific treatment.

It is necessary for clinical trials to be conducted in this age group with CDH to prove the efficacy of early intervention. The population with the 4 poor outcome predictors including migraine diagnosis; CDH onset <13 years old; CDH duration ≥ 2 years; and medication overuse should be targeted for early intervention.

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Disclosure: Dr. Wang has served on the advisory boards of Pfizer, Allergan, and MSD Taiwan; has received speaker honoraria from Taiwan branches of Pfizer, Eli Lilly, Wyeth, Jensen-Cilag, Boehringer Ingelheim, and GSK; and has received research support from the Taiwan National Science Council, Taipei-Veterans General Hospital, and MSD Taiwan. Dr. Fuh serves on

the scientific advisory board of Pfizer and has received research support from the Taiwan National Science Council and Taipei-Veterans General Hospital. Dr. Lu has received research support from the Taiwan National Science Council and Kaohsiung Medical University, Taiwan.

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CORRECTION

Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Drug, nutritional, and respiratory therapies (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology

In the article “Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Drug, nutritional, and respiratory therapies (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology” by R.G. Miller et al. (*Neurology*® 2009;73:1218–1226), there is an error in the third sentence of the Recommendations section of the abstract. The recommendation should be Level B (not Level C). The sentence should be revised (and divided into 2 sentences) as follows: “NIV should be considered to treat respiratory insufficiency in order to lengthen survival (Level B) and to slow the decline of forced vital capacity (Level B). NIV may be considered to improve quality of life (Level C).” The final sentence of that section of the abstract is correct, and the recommendation levels in the text of the article are correct. The authors regret the error.

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Neurology 2010;74;781

DOI 10.1212/WNL.0b013e3181d38ced

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