

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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1. Wang SJ, Fuh JL, Lu SR. Chronic daily headache in adolescents: an 8-year follow-up study. *Neurology* 2009;73:416–422.
2. Welch KMA, Nagesh V, Aurora SK, Gelman N. Periaqueductal gray matter dysfunction in migraine: cause or the burden of illness? *Headache* 2001;106:81–89.
3. Kruit MC, van Buchem MA, Hofman PA, et al. Migraine as a risk factor for subclinical brain lesions. *JAMA* 2004;291:427–434.
4. Burstein R, Collins B, Jakubowski M. Defeating migraine pain with triptans: the race against the development of cutaneous allodynia. *Ann Neurol* 2004;55:19–26.
5. Charles JA, Peterlin BL, Rapoport AM, Linder S, Kabouche MA, Sheftell FD. Favorable outcome of early treatment of new onset child and adolescent migraine: implications for disease modification. *J Headache Pain* 2009;10:227–233.

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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