

mortality after stroke. The authors found a 1.49 times higher risk of poststroke mortality in white patients ($p = 0.06$), which is issued from a multivariate model that included other individual and neighborhood socioeconomic indicators. Mortality after stroke is strongly correlated with socioeconomic status and race.^{6,7} The results of Brown et al. seem to show that, of all other indicators, neighborhood socioeconomic disadvantage displayed the strongest statistical association with poststroke mortality. Thus, it is reasonable that in models including race but no socioeconomic variables, being white may be negatively associated with poststroke mortality. Although IV thrombolysis is a major determinant of ischemic stroke prognosis in terms of disability, evidence shows that it does not affect 1-year mortality.⁸ Whether adjusting for IV thrombolysis (and for other clinical care indicators) would modify the association between neighborhood disadvantage and mortality is therefore unclear. Evidence of gait velocity on stroke mortality is also scarce and needs further confirmation.⁹

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CORRECTION

Anemia and risk of dementia in older adults: Findings from the Health ABC study

In the article “Anemia and risk of dementia in older adults: Findings from the Health ABC study” by C.H. Hong et al. (*Neurology*® 2013;81:528–533), there is an error in the abstract. The first sentence of “Results” should read as follows: “Of 2,552 participants, 393 (15.4%) older adults had anemia at baseline.” The authors regret the error.

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