Limited access to health care and education increases the risk of adults with hypertension developing cognitive impairment and dementia, partly due to insufficient levels of antihypertensive treatment.⁵

To prevent increase in cognitive impairment and dementia, physicians and politicians should not only improve treatment of hypertension and diabetes during adult life, but also consider risk factors earlier in life that may predispose adults to cognitive impairment.^{7,8}

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CORRECTION

Influence of hospital-level practices on readmission after ischemic stroke

In the article “Influence of hospital-level practices on readmission after ischemic stroke” by J.F. Burke et al. (*Neurology*® 2014;82:2196–2204), there is an error in table 2. The authors erroneously reported small cell sizes, which is a violation of the data use agreement of the analyzed dataset, the State Inpatient Databases. Under “Charlson comorbidities,” the 10th row (AIDS), second column (Readmission) should read “<10 (0.0).” Under “LSTs,” all 3 columns in the eighth row (Ventriculostomy) should read “<10 (0.0).” The intent of the small cell data use restrictions is to minimize the risk of identifying individuals; the authors are confident that nothing in their paper could be used to identify individuals or their personal information. This does not influence the accuracy of the manuscript’s primary findings or conclusions. The authors regret the error.

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