

difficult to interpret because self-reporting probably underestimates the “N” of migraine without aura.

The authors state that persons reporting having migraine usually meet International Headache Society criteria, which diminishes the risk of overreporting. In community practice, we recognize that the world is full of migraineurs and migraineuses who remain undiagnosed—sometimes for decades—until a neurologist sees them for refractory sinus or neck pain.

Although migraine with aura is less likely to remain undiagnosed, self-reporting seems to make underreporting of common migraine inevitable. In the present study, it is unclear whether expanding the denominator would have driven the risk up or down.

A future study may resolve this issue and should include questioning subjects about headache frequency and characteristics rather than the presence or absence of “migraine.”

James M. Gordon, Seattle, WA

Disclosure: Dr. Gordon reviewed charts for The Doctors Company, a medical malpractice insurer.

Reply from the Authors: Ascertainment of specific headache forms in large-scale, population-based studies as well as in clinic-based settings is challenging and some degree of misclassification is possible.

Dr. Gordon points out that potential underreporting of migraine without aura may have influenced our findings relating to the association

between migraine frequency and risk of cardiovascular disease.¹ While patients with migraine without aura may not report their condition adequately, we are confident that such patients would at least report having a headache.

Since neither migraine without aura or nonmigraine headache is associated with increased risk of ischemic stroke² or other ischemic vascular events in the Women’s Health Study,³ we believe that such potential misclassification is an unlikely explanation of our findings.

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1. Kurth T, Schurks M, Logroscino G, Buring J. Migraine frequency and risk of cardiovascular disease in women. *Neurology* 2009;73:581–588.
2. Kurth T, Slomke MA, Kase CS, et al. Migraine, headache, and the risk of stroke in women: a prospective study. *Neurology* 2005;64:1020–1026.
3. Kurth T, Gaziano JM, Cook NR, Logroscino G, Diener HC, Buring JE. Migraine and risk of cardiovascular disease in women. *JAMA* 2006;296:283–291.

CORRECTION

Driving under low-contrast visibility conditions in Parkinson disease

In the article “Driving under low-contrast visibility conditions in Parkinson disease” by E.Y. Uc et al. (*Neurology*[®] 2009;73:1103–1110), the numbers in the first sentence of the Results section were incorrectly placed. The sentence should have read “Nine of the 76 drivers with PD (11.8%) and 13 of 64 control drivers (20.3%) did not finish the drive because of simulator discomfort ($p = 0.17$).” The authors regret the error.