

Disclosure: Dr. Tafti served on the scientific advisory board for UCB Pharma (Belgium); and received honorarium, travel funds, and research grants from UCB Pharma (Belgium) and the European Narcolepsy Network (EU-NN). Dr. Heinzer received speakers' honoraria from Resmed Inc. and support from the Lancardis Foundation. Dr. Haba-Rubio reports no disclosures.

Reply from the Authors: We appreciate the comments of Haba-Rubio et al. We agree that weight loss following bariatric surgery may affect migraine headaches through a variety of different mechanisms, including improvements in OSAS.

As Haba-Rubio et al. explain, OSAS is highly prevalent in patients presenting for bariatric surgery,^{3,6} OSAS resolves in most patients postoperatively,^{4,7} and migraine frequency is reduced in patients with OSAS treated with CPAP.⁵ However, we would like to clarify that all participants in our study underwent polysomnography preoperatively and were prescribed CPAP if needed.

Assuming that participants with OSAS used CPAP to a therapeutic level, improvements in migraine headaches after bariatric surgery may have occurred independent of improvements in OSAS. We also note that previous studies have shown that obesity is associated with increased migraine frequency, independent of snoring and sleep problems.^{8,9}

Further research is needed to understand how OSAS influences the associations of obesity and weight loss with migraine frequency and severity. We hope that our study stimulates further study of the

relationship between weight loss and migraine and potential underlying mechanisms.

Dale S. Bond, Rena R. Wing, Providence, RI

Disclosure: See original article for full disclosure list.

Copyright © 2011 by AAN Enterprises, Inc.

1. Bond DS, Vithiananthan S, Nash JM, Thomas JG, Wing RR. Improvement of migraine headaches in severely obese patients after bariatric surgery. *Neurology* 2011;76:1135–1138.
2. Peppard PE, Young T, Palta M, Dempsey J, Skatrud J. Longitudinal study of moderate weight change and sleep-disordered breathing. *JAMA* 2000;284:3015–3021.
3. Lopez PP, Stefan B, Schulman CI, Byers PM. Prevalence of sleep apnea in morbidly obese patients who presented for weight loss surgery evaluation: more evidence for routine screening for obstructive sleep apnea before weight loss surgery. *Am Surg* 2008;74:834–838.
4. Haines KL, Nelson LG, Gonzalez R, et al. Objective evidence that bariatric surgery improves obesity-related obstructive sleep apnea. *Surgery* 2007;141:354–358.
5. Kallweit U, Hidalgo H, Uhl V, Sandor PS. Continuous positive airway pressure therapy is effective for migraines in sleep apnea syndrome. *Neurology* 2011;76:1189–1191.
6. Sharkey KM, Machan JT, Tosi C, Roye GD, Harrington D, Millman RP. Predicting obstructive sleep apnea among women candidates for bariatric surgery. *J Womens Health* 2010;19:1833–1841.
7. Varela JE, Hinojosa MW, Nguyen NT. Resolution of obstructive sleep apnea after laparoscopic gastric bypass. *Obes Surg* 2007;17:1279–1282.
8. Scher AI, Stewart WF, Ricci JA, Lipton RB. Factors associated with the onset and remission of chronic daily headache in a population-based study. *Pain* 2003;106:81–89.
9. Bigal ME, Liberman JN, Lipton RB. Obesity and migraine: a population study. *Neurology* 2006;66:545–550.

CORRECTION

Vitamin B12, cognition, and brain MRI measures: A cross-sectional examination

In the article "Vitamin B12, cognition, and brain MRI measures: A cross-sectional examination" by C.C. Tangney et al. (*Neurology*® 2011;77:1276–1282), there is a typographical error in the third paragraph of the Discussion section. On page 1280, in the right-hand column, second paragraph, the fourth sentence should read "In a British cohort where mandatory folate fortification is **not** in place, a comprehensive set of vitamin B12 markers were examined in association with brain atrophy over 5 years in 107 older adults." The authors regret the error.