trols, greater Hoehn & Yahr (H&Y) scores were seen among newly diagnosed patients with PD and diabetes compared to nondiabetic patients (20.2% in H&Y stage 3 vs 4.5%). These findings suggest that postural instability and gait difficulty (PIGD) may be the primary clinical factor driving increased motor burden among diabetic patients. PIGD is less dopamine-responsive than bradykinesia or rigidity and is closely tied to H&Y scoring. Axial motor impairment in PD is likely worsened by many nondopaminergic factors including white matter burden,[2] polyneuropathy, and other diabetes-related medical comorbidities.

Diabetes may represent a risk factor for disease burden in PD, albeit one that is more closely related to extranigral pathology unlikely to improve with escalating doses of levodopa.

Author Response: Emanuele Cereda, Pavia, Italy; Michela Barichella, Gianni Pezzoli, Milan: We appreciate the comments by Kotagal et al. on our recent article.[1] The authors suggested that the increased motor burden in our diabetic patients, expressed by worse UPDRS scoring and H&Y staging, could be ascribed to PIGD due to nondopaminergic factors, such as white matter burden[2] and other diabetes-related complications (e.g., polyneuropathy). This comment adds something to the characterization ofour diabetic group. When describing the study population, we focused on the main symptoms reported at diagnosis and not at the presenting visit. Although groups were comparable, a more pronounced progression in PIGD during the course of disease could not be excluded. This confirms the findings by Arvanitakis et al.[3,4] that demonstrated particularly marked progression of postural and gait disturbances in diabetic elderly. Unfortunately, due to the small sample size and the distribution of patients among HY stages, it was not possible for us to develop, investigate, and discuss specific pathogenic hypotheses. The suggestions made by Kotagal et al. are very interesting and clearly deserve further investigation by ad hoc and adequately sized studies.

1. Cereda E, Barichella M, Cassani E, Caccialanza R, Pezzoli G. Clinical features of Parkinson disease when onset of diabetes came first: a case-control study. Neurology 2012;78:1507–1511.
2. Bohnen NI, Müller ML, Zarzhevsky N, et al. Leucoaraiosis, nigrostriatal denervation and motor symptoms in Parkinson's disease. Brain 2011;134:2358–2365.
3. Arvanitakis Z, Wilson RS, Schneider JA, et al. Diabetes mellitus and progression of rigidity and gait disturbance in older persons. Neurology 2004;63:636–1001.
4. Arvanitakis Z, Wilson RS, Bienias JL, Bennett DA. Diabetes and parkinsonian signs in older persons. Alzheimer Dis Assoc Disord 2007;21:144–149.

CORRECTIONS

Altered fast and slow inactivation of the N440K $Na_v1.4$ mutant in a periodic paralysis syndrome

In the article "Altered fast and slow inactivation of the N440K $Na_v1.4$ mutant in a periodic paralysis syndrome" by C. Lossin et al. (*Neurology*® 2012;79:1033–1040), there is an error in the affiliations at the bottom of the first page. The third affiliation should have read "Department of Neurology (M.-K.K.) and Department of Biomedical Sciences (S.-Y.C.), Chonnam National University Medical School, Gwangju, South Korea." The authors regret the error.

Outcomes after ischemic stroke for hospitals with and without Joint Commission–certified primary stroke centers

In the article "Outcomes after ischemic stroke for hospitals with and without Joint Commission–certified primary stroke centers" by J.H. Lichtman et al. (*Neurology*® 2011;76:1976–1982), there is an error in figure 1, panel B. The y-axis label should read "Proportion of hospitals." The distribution in the figure and text are correct. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).

Altered fast and slow inactivation of the N440K $Na_V1.4$ mutant in a periodic paralysis syndrome

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