in the DDQ. Furthermore, some well-recognized organic movement disorders of central origin, such as “delayed-onset dystonia” and symptomatic palatal tremor, may evolve over several months after a considerably long latency from the time of the inciting lesion; this is typical of the classical PIMD painful legs and moving toes.

As shown in the DDQ videos in the article,1 the nature and distribution of movements are unique and differ from tics and the abnormal shoulder movements mentioned by Chouksey et al. We do understand the difficulties they had differentiating organic from FMD in their cases. However, the patients with DDQ we reported are inherently different. Most importantly, the marked and consistent changes in DDQ movements during tactile stimulation and after positional changes in such a stereotypic fashion (particularly between standing and lying) would be uncharacteristic in FMD. We believe that these changes differ from the improvement and/or disappearance of FMD during attentional shifts, concomitant voluntary movements, and/or sensory stimuli.

We acknowledge the clinical and electrophysiological overlap between FMD and PIMD.6 However, clinical evidence of FMD, including suggestibility, variability, distractibility, entrainment, bilateral synchrony, or poor motor task performance, was not found in the cases of DDQ. Moreover, the character of the DDQ movements would be difficult to mimic voluntarily in contrast to most if not all FMD (even functional palatal tremor can be performed voluntarily as a special skill performed by some individuals).5 Furthermore, electrophysiological studies to differentiate between functional, voluntary, and involuntary movements are difficult in axial muscle groups, and we agree with Chouksey et al that back-averaged electroencephalography would not be useful in patients with the phenomenology demonstrated in the DDQ videos.1

The broader hypothesis of a common origin of FMD and PIMD resulting from abnormal afferent input to central sensorimotor networks remains possible and, to our knowledge, unexplored. Nevertheless, for the reasons outlined previously, we respectfully disagree with the suggestion that the DDQ might represent an FMD.

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CORRECTION

Error in Table 1: In the article titled “Antiepileptic Drug Treatment Patterns in Women of Childbearing Age With Epilepsy,”1 published on April 1, 2019, there was an error in the Variable column in Table 1. The topmost beige circle should read “Aβ change et=−3 to t=0.” This article was corrected online.


Error in In-Text Citations: In the Original Investigation titled “Early Cognitive, Structural, and Microstructural Changes in Presymptomatic C9orf72 Carriers Younger Than 40 Years,”2 published online December 2, 2017, and in the February 2018 print issue, Figures 4 and 3 were reordered and the in-text citations were updated. In the Association of C9orf72 Mutation With Subcortical Structures subsection of the Results section, the in-text citations were updated to Figure 3; in the Association of C9orf72 Mutation With White Matter Microstructure subsection of the Results section, the in-text citation was updated to Figure 4; and in the White Matter Microstructural Changes but Not Cortical Atrophy Reflects the Expected Topography of FTLD and ALS in C9+ Individuals subsection of the Discussion section, the in-text citations were updated to Figure 2A and Figure 1. This article was corrected online.


Errors in Table 2 and Table 3: In the article titled “Risk of Depression and Anxiety in Adults With Cerebral Palsy,”3 published on December 28, 2018, and in the March issue of JAMA Neurology, there were errors in the columns headings in Table 2 and Table 3. The heading “Person-Years in 10 000s” should be “Person-Years in 1000s,” and the heading “Incidence per 10 000 Person-Years (95% CI)” should be “Incidence per Person-Year (95% CI).” This article has been corrected online.


Error in Figure 3: In the Original Investigation by Hanseeuw et al titled “Association of Amyloid and Tau With Cognition in Preclinical Alzheimer Disease: A Longitudinal Study,” published online June 3, 2019, there was an error in Figure 3. The topmost beige circle should read “AP change t = −3 to t = 0.” This article was corrected online.


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