pregnant women,1,2,4 we found an elevated risk of stroke during the perinatal period, potentially through pathophysiologic changes, such as increased blood volume and cerebral circulation.

The limitations of this study include the uncertain temporality of migraine, hypertension, and stroke in prenatal models. As severe headache can accompany strokes or preeclampsia, migraine may be coded as a sequela of either condition, the timing of which would not be distinguishable on discharge summaries. Mediation assumes that the exposure (migraine) causes the mediator (hypertension), which in turn causes the outcome, and deviations to this temporal sequence or framework would affect findings and interpretation. Also, it is likely that only severe and active migraines are recorded in discharge summaries, which could lead to stronger risk ratios that are not generalizable to less severe migraines. Finally, we did not have any data on treatment of migraine and all models are vulnerable to unmeasured confounding.

In conclusion, approximately 25% of the excess risk of maternal stroke associated with migraine was mediated through hypertensive disorders. Although strokes are rare events, the associated morbidity and mortality warrants focus on identifying modificable intervention targets.

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Concept and design: Baer, Jelliffe, Chambers. Acquisition, analysis, or interpretation of data: All authors. Drafting of the manuscript: Bandoli, Jelliffe, Chambers. Critical revision of the manuscript for important intellectual content: Baer, Gano, Jelliffe, Chambers. Statistical analysis: Bandoli, Jelliffe. Obtained funding: Jelliffe. Administrative, technical, or material support: Baer, Gano, Jelliffe, Chambers. Supervision: Jelliffe.

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CORRECTION

Error in the Biomarker Subsection: In the Original Investigation titled “Efficacy and Safety of Lanabecestat for Treatment of Early and Mild Alzheimer Disease: The AMARANTH and DAYBREAK-ALZ Randomized Clinical Trials,” which published online November 11, 2019, and in print in February 2020 in JAMA Neurology,1 there was an error in the Biomarkers subsection of the Results section. The mean data for lanabecestat 20 mg vs placebo in DAYBREAK-ALZ was 2.2 Centiloids not −2.2 Centiloids. This article was corrected online.


Error in Author Names and Figure Labels: In the Original Investigation by Hawryluk et al, titled “Analysis of Normal High-Frequency Intracranial Pressure Values and Treatment Threshold in Neurocritical Care Patients: Insights Into Normal Values and a Potential Treatment Threshold,” published online June 15, 2020,1 there was an omission in 2 author names and an error in the labels of Figure 2. The middle initials should appear in the names of Drs Ferguson and Manley, so that their bylines are listed as “Adam R. Ferguson” and “Geoffrey T. Manley.” The labels of Figure 2 should, respectively, read “A. ICP over time in all patients;” “B. ICP over time in TBI patients;” “C. ICP in all patients, days 3 to 5;” “D. ICP in TBI patients, days 3 to 5;” “E. ICP in all patients, day 1 to 30;” and “F. ICP in TBI patients, day 1 to 30.” This article was corrected online.


Mislabeled Curves in a Figure: In the Original Investigation titled “Comparative Effectiveness of Carotid Endarterectomy vs Initial Medical Therapy in Patients With Asymptomatic Carotid Stenosis,” published online June 1, 2020, in JAMA Neurology,1 the curves in Figure 2 were mislabeled. The orange curve should have been labeled “Received carotid endarterectomy” and the dark blue curve should have been labeled “Received initial medical therapy” similar to Figure 3. This article was corrected online.