Our observation is consistent with this finding and demonstrates the extent of nonperfusion and subsequent extent of recovery on en face OCT-A.

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COMMENT & RESPONSE

Association Between Migraine Headaches and Dry Eye Disease in Patients Studied in General Practices in Germany

To the Editor Ismail et al[1] determined the strength of the association between dry eye disease (DED) and migraine headaches in patients at health care facilities affiliated with the University of North Carolina. The crude odds ratio of migraines was 1.72 (95% CI, 1.60-1.85), and the adjusted odds ratio was 1.42 (95% CI, 1.20-1.68).[1]

I performed a similar analysis using data from the Disease Analyzer database (IQVIA), which compiles drug prescriptions, diagnoses, and basic medical and demographic data obtained directly and anonymously from computer systems used in the practices of general practitioners and medical specialists in Germany.[2] In total, data from 2 675 773 patients 18 years or older who had completed at least 1 visit to any of the 1062 general practitioners' offices in Germany in 2018 were available for analysis. Of those, 43 677 patients had a migraine diagnosis (*International Statistical Classification of Diseases, Tenth Revision* [*ICD-10*] code G43), and 2171 patients had a DED diagnosis (*ICD-10* codes H04.1 and H16.2). Since only data from general practitioners were analyzed, the prevalence of migraine was higher than the prevalence of DED. After 1:1 matching by age, sex, and relevant codiagnoses (rheumatoid arthritis, Sjögren syndrome, lupus, and cataract), 43 677 patients with migraine headaches and 43 677 patients without migraine headaches (mean [SD] age, 42.3 [15.9] years; 10 919 women [25.0%] per group) were available.

I found that 79 patients with migraine (0.18%) and 23 patients without migraine (0.05%) had a diagnosis of DED. Although the absolute number of patients with DED was small, the adjusted odds ratio for migraine was 3.45 (95% CI, 2.16-5.47; $P < .001$). These results based on the data from general practitioners in Germany confirmed the findings of Ismail et al,[1] which showed that patients with migraine headaches are more likely to have comorbid DED than the general population.

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Conflict of Interest Disclosures: None reported.

Editorial Note: This letter was sent to the corresponding author of the original article, who did not reply.

1. Ismail OM, Poole ZB, Bierly SL, et al. Association between dry eye disease and migraine headaches in a large population-based study. *JAMA Ophthalmol*. 2019;137(5):532-536. doi:10.1001/jamaophthalmol.2019.0170

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CORRECTION

Error in Text: In the Clinical Challenge, "Retinal Hemorrhages in a Patient With Petechiae,"[1] published in April 2019, the normal range of red blood cells was misreported as 14 to 18 × 10^6/μL. The correct value is 3.9 to 5.5 × 10^6/μL. The article was corrected online.

1. Zhuang I, Gupta I, Weng CY. Retinal hemorrhages in a patient with petechiae. *JAMA Ophthalmol*. 2019;137(4):459-460. doi:10.1001/jamaophthalmol.2018.6220

Error in Text: In the Ophthalmic Image, "Isolated Scleral Dehiscence After Repeated Intravitreal Aflibercept Injections,"[1] published in October 2019, the last sentence contained an error. It should read "intravitreous injection" instead of "intravitreous hyperemia," so the full sentence is "The relationship of an isolated anterior scleral dehiscence with intravitreous injection, or an occult autoimmune disorder, cannot be determined from this one case." The article has been corrected.

1. Breazzano MP, Gangaputra S, Shieh C. Isolated scleral dehiscence after repeated intravitreal aflibercept injections. *JAMA Ophthalmol*. 2019;137(10):e185935. doi:10.1001/jamaophthalmol.2018.5935

Error in the Author Affiliation: In the Original Investigation titled "Economic Value of Anti–Vascular Endothelial Growth Factor Treatment for Patients With Wet Age-Related Macular Degeneration in the United States,"[1] published online November 11, 2019, Dr Goldman's affiliations were incomplete. In addition to the Leonard D. Schaeffer Center for Health Policy and Economics, Dr Goldman is affiliated with the Sol Price School of Public Policy and the School of Pharmacy at the University of Southern California. This article was corrected online.

1. Mulligan K, Seabury SA, Dugel PU, Blim JF, Goldman DP, Humayun MS. Economic value of anti–vascular endothelial growth factor treatment for patients with wet age-related macular degeneration in the United States [published online November 11, 2019]. *JAMA Ophthalmol*. doi:10.1001/jamaophthalmol.2019.4557

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