

UC Irvine

UC Irvine Previously Published Works

Title

Associations of Amyloid Burden, White Matter Hyperintensities, and Hippocampal Volume With Cognitive Trajectories in the 90+ Study

Permalink

<https://escholarship.org/uc/item/84f144wf>

Journal

Neurology, 103(9)

ISSN

0028-3878

Authors

Wang, Jingxuan

Ackley, Sarah

Woodworth, Davis C

et al.

Publication Date

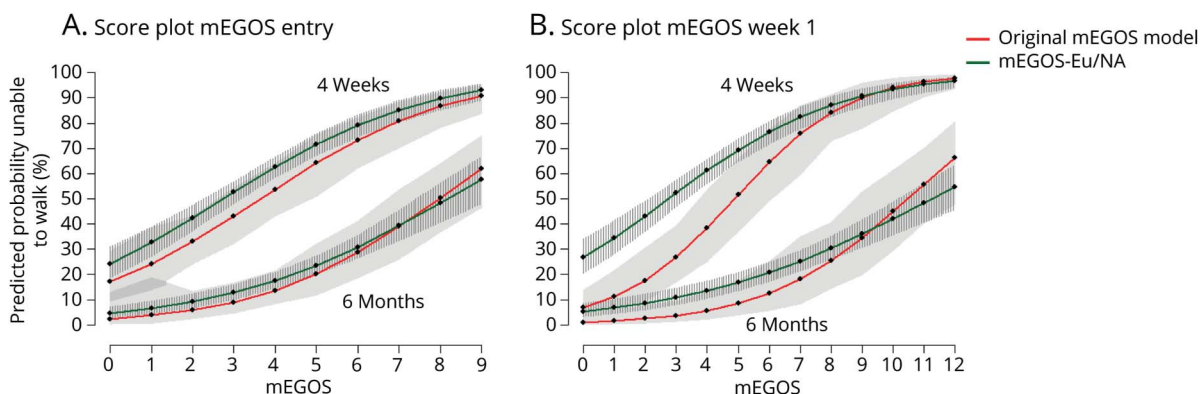
2024-11-12

DOI

10.1212/wnl.0000000000210006

Peer reviewed

Figure 3 Predicted Proportion of Patients Unable to Walk Independently Based on Original and Recalibrated mEGOS



Predicted probabilities of not being able to walk independently at 4 weeks and 6 months based on the modified Erasmus GBS Outcome Score (mEGOS) at entry (A) and mEGOS at week 1 (B). Probability graphs are based on the original mEGOS model (red) and the recalibrated model for the Europe/North America subgroup (green). Dashed and gray areas around the curves represent the 95% confidence intervals. The top (red and green) graphs provide the probabilities of not being able to walk independently at 4 weeks, and the bottom (red and green) graphs provide probabilities at 6 months. The mEGOS model can be used in all patients with Guillain-Barré syndrome (GBS) and variants of GBS who have lost the ability to walk. The mEGOS score can be calculated based on the scoring system provided in Table 1. Based on the mEGOS score and Figure 3, the probability of being unable to walk independently at 4 weeks or 6 months can be deduced for an individual patient. For predictions with the mEGOS in European and North American patients with GBS, the probability of poor outcome can be determined using the probability graphs based on the recalibrated model (green lines). For predictions in patients with GBS from countries outside Europe and North America, the probability graphs based on the original mEGOS model can be used (red lines).

Reference

1. Doets AY, Lingsma HF, Walgaard C, et al.; IGOS Consortium. Predicting outcome in Guillain-Barré syndrome: international validation of the modified Erasmus GBS Outcome Score. *Neurology*. 2022;98(5): e518-e532. doi:10.1212/WNL.0000000000013139

Associations of Amyloid Burden, White Matter Hyperintensities, and Hippocampal Volume With Cognitive Trajectories in the 90+ Study

Neurology® 2024;103:e210006. doi:10.1212/WNL.00000000000210006

In the Research Article “Associations of Amyloid Burden, White Matter Hyperintensities, and Hippocampal Volume With Cognitive Trajectories in the 90+ Study” by Wang et al.,¹ note b in Table 1 should read, “Unit is cm³.” The authors regret the error.

Reference

1. Wang J, Ackley S, Woodworth DC, et al. Associations of amyloid burden, white matter hyperintensities, and hippocampal volume with cognitive trajectories in the 90+ Study. *Neurology*. 2024;103(3):e209665. doi:10.1212/WNL.00000000000209665

Sex-Specific Association of Cardiovascular Risk Factors With Migraine

The Population-Based Rotterdam Study

Neurology® 2024;103:e210022. doi:10.1212/WNL.00000000000210022

In the Research Article “Sex-Specific Association of Cardiovascular Risk Factors With Migraine: The Population-Based Rotterdam Study” by Al-Hassany et al.,¹ the file for eTable 5 has been replaced with an updated file, originally intended for publication. An online-only supplementary file with this Correction highlights the changes. The publisher regrets the error.

Reference

1. Al-Hassany L, Acarsoy C, Ikram MK, Bos D, MaassenVanDenBrink A. Sex-specific association of cardiovascular risk factors with migraine: the population-based Rotterdam Study. *Neurology*. 2024;103(4):e209700. doi:10.1212/WNL.00000000000209700