

Erratum

Re: Editorial: Assessing Mental Status in Dementia: The Behavioral Neurology Assessment - Right Time? Right Place?
Can. J. Neurol. Sci. 2005; 32: 138-139

The table of contents should have read:

138 Assessing Mental Status in Dementia: The Behavioral Neurology Assessment - Right Time? Right Place?
Howard H. Feldman, Claudia Jacova

In paragraphs 4, 5 and 6 the references 5, 6, 7, 8, 9 were incorrectly numbered and should have read 6, 7, 8, 9, 10 as indicated below:

There is no argument that the BNA outperforms the MMSE. There is also a convincing case that the extra time allotment for the BNA is worth considering in exchange for better diagnostic discrimination. However, the current study does not actually address the place of the BNA in relationship to other scales of similar length and capabilities to assess a multiplicity of cognitive domains. For the BNA Short Form, the ADAS-Cog,⁶ the Mattis Dementia Rating Scale,⁷ and the Modified Mini Mental State Examination⁸ are the current standards. Each has its own limitations allowing that the BNA could emerge as a preferred instrument: however, there is no prima facie evidence from the current study to support any such preference.

For the BNA Long Form, at just under an hour, the natural comparator will be a full neuropsychological test battery. The Long Form will clearly exceed available time for most clinicians within an office setting and, in turn, will likely only have uptake within dedicated dementia clinics. Were the BNA Long Form as accurate as a full neuropsychological battery in defining mild to moderate dementia and its etiologies, neuropsychological assessments could be limited to those patients for whom a large degree of diagnostic uncertainty exists (subtle impairments, multiple potential causes). Again, the current study does not allow the prospective user to form an evidence-based opinion on the comparability of the Long Form with a neuropsychological test battery.

In the current study, there is an issue around the setting of care for which the instrument is purported to serve. Darvesh et al.⁵ have compared the score distribution of clinic patients diagnosed with dementia to the distribution of healthy controls recruited from the community. The accuracy rates yielded through such a comparison are bound to decrease as the score distributions begin to overlap with less polarized study groups. For example, within the specialty dementia clinic almost 30% of referrals are for assessment of mild cognitive impairment (MCI).⁹ Indeed the American Academy of Neurology Practice Parameter on MCI has recommended that MCI be identified so that individuals can be evaluated and monitored appropriately.¹⁰ How the BNA will perform around the problem of MCI is unknown, again leaving considerable uncertainty around its utility within the referral clinic. There is clearly an opportunity for additional research on this very important issue.

Notes and Announcements**SOCIETY PRIZE WINNERS****THE PRESIDENT'S PRIZE – CANADIAN ASSOCIATION OF CHILD NEUROLOGY****Autosomal recessive cerebellar hypoplasia in the Hutterite population: A syndrome of nonprogressive cerebellar ataxia with mental retardation**

HC Glass (Calgary), KM Boycott (Calgary), C Adams (Victoria), K Barlow (Calgary), J Scott (Calgary), AE Chudley (Winnipeg), TM Fujiwara (Montreal), K Morgan (Montreal), E Wirrell (Calgary), DR McLeod (Calgary)*

FRANCES MCNAUGHTON MEMORIAL PRIZE – CANADIAN NEUROLOGICAL SOCIETY**Sensory neuropathy in HIV/AIDS patients highly exposed to antiretroviral therapy: protease inhibitor-mediated neurotoxicity**

JA Pettersen (Calgary), G Jones (Calgary), C Worthington (Calgary), HB Krentz (Calgary), OT Keppler (Heidelberg), A Hoke (Baltimore), MJ Gill (Calgary), C Power (Calgary)*

K.G. MCKENZIE PRIZES IN BASIC NEUROSCIENCE RESEARCH – CANADIAN NEUROSURGICAL SOCIETY**Regulation of glial cell polarity and invasion by Drr1**

K Petrecca (Montreal), R Waldkircher (Montreal), A Angers-Loustau (Montreal), J Wang (Montreal), R Del Maestro (Montreal)*

K.G. MCKENZIE PRIZES IN CLINICAL NEUROSCIENCE RESEARCH – CANADIAN NEUROSURGICAL SOCIETY**The development and validation of a preoperative prediction score for chronic hydrocephalus in pediatric patients with posterior fossa tumors**

J Riva-Cambria (Toronto), M Lamberti-Pasculli (Toronto), M Sargent (Toronto), D Armstrong (Toronto), R Moineddin (Toronto), D Cochrane (Toronto), J Drake (Toronto)*

ANDRE BARBEAU MEMORIAL PRIZE – CANADIAN NEUROLOGICAL SOCIETY**Linear transform from epileptic spikes to BOLD fMRI signals in an animal model of occipital epilepsy**

SM Mirsattari (London), Z Wang (London), JR Ives (London), F Bihari (London), LS Leung (London), R Bartha (London), RS Menon (London)*

CANADIAN HEADACHE SOCIETY FELLOWSHIP

The Canadian Headache Society fellowship selection committee has awarded the 2005 GlaxoSmithKline - Canadian Headache Society Fellowship to Dr. Lara Cooke, a final year Neurology resident at the University of Calgary. Following completion of her Neurology training, this fellowship will make it possible for Dr. Cooke to do a further year of specialized headache training in Calgary. She will work with Dr. W.J. Becker at the Calgary Headache Assessment and Management Program, and at the Calgary Health Region Chronic Pain Center. Her research proposal involves the initiation of a multi-year migraine patient follow up project. This project should help clarify the natural history of migraine, and provide important information as to what risk factors might predispose to migraine progression in some patients.