measurements might be helpful. One such example would be a negative postevent prolactin elevation in an outpatient with apparent tonic-clonic seizures. In less clear circumstances, prolactin values would simply be a piece of the diagnostic puzzle. A diagnosis of epilepsy or seizures primarily depends on history and clinical impression. Every laboratory test, with the possible exception of video-EEG monitoring (and even that is not perfect), is adjunctive, with false-negatives and false-positives. This study provides cautionary information, but it does not rule out a useful contribution by serum prolactin measurements in a suitable clinical context.

REFERENCES


ACKNOWLEDGMENT

Dr. Fisher is supported by the Maslah Saul MD Chair, the James & Carrie Anderson Fund for Epilepsy Research, the Susan Horngren Fund, and the Steve Chen Research Fund.

AUTHOR CONTRIBUTIONS

Drafting/revising the manuscript.

STUDY FUNDING

No targeted funding reported.

DISCLOSURES

R. S. Fisher serves on scientific advisory boards for Epilepsy Foundation of Northern California, Zeto, Inc., Advanced Neumetrics, Inc., and Avails Medical, Inc.; is author on a patent re: Method for measuring drug levels in saliva; serves as a consultant for ICVRx and Zeto, Inc.; receives research support from Medtronic, National Science Foundation, and Epilepsy Foundation; and holds stock/stock options in ICVRx, Avails Medical, and SmartMonitor. Full disclosure form information provided by the author is available with the full text of this article at Neurology.org/cp.

CORRECTION

How neurologists are paid: Part 3: Hospital support, Veterans Administration, and neurohospitalists

In the article “How neurologists are paid: Part 3: Hospital support, Veterans Administration, and neurohospitalists” by P.D. Donofrio et al. (Neur Clin Prat 2015;5:412–418), there is an error in the section titled “Neurohospitalists.” Survey data published in Neur Clin Prat 2012;2:319–327 were incorrectly cited as unpublished, and the percentage of neurologists who self-described themselves as neurohospitalists should have read 14.7%, rather than 16% as originally published. The authors regret these errors.