

this has remained unchanged from the days of James Parkinson. Why, then, in some countries is a patient more likely to get one of these radiologic tests and in another not? Is it just because the test is available that I am more likely to order it in a patient with atypical PD if I am practicing in the United States vs, say, India? Do neurologists in the United States practice better neurology than neurologists in India when it comes to PD? Is the care of a patient with PD better in France than, say, Brazil? I found myself asking all these questions and agree with Dr. Barbano that only large-scale high-quality standardized outcome data from different countries can help answer these questions.

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**Disclosures:** N. Sethi serves as Associate Editor for *The Eastern Journal of Medicine*.

**Author Responds: Richard L. Barbano, MD, PhD, FAAN:** As Dr. Sethi points out, the use of ancillary testing in the diagnosis of PD, and the treatment of PD, varies from country to country. The availability of particular tests and medications almost certainly plays a role in this variability. Much progress has been made and despite the variability of choices, many treatments are helpful. One of the challenges facing neurologists today, however, is not just finding which approaches work, but which work best; which approaches not just improve symptoms, but which improve outcomes as measured in quality of life for the longest duration. The technology to analyze such data already exists. The challenge will be to organize a global effort to collect it.

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**Disclosures:** R. Barbano serves on a Scientific Advisory Board for Allergan; serves as an Associate Editor for *Neurology*<sup>®</sup>: *Clinical Practice*; has served as an expert witness in legal proceedings including malpractice, but not involving commercial entities; and has received research support from Allergan and NIH, National Institute of Neurological Disorders and Stroke, ORDR: Dystonia Coalition Projects, Site PI.

1. Barbano RL. Standard strategies for diagnosis and treatment of patients with newly diagnosed Parkinson disease. *Neurol Clin Pract* 2013;3:475–476.

#### ERRATA

##### Generic substitution of antiepileptic drugs: What's a clinician to do?

In the article “Generic substitution of antiepileptic drugs: What's a clinician to do?” by Khichar Shubhakaran and Rekha Jakhar Khichar (*Neurol Clin Pract* 2013;3:457), there is an error in the second author's name, which should read “Rekha Jakhar Khichar.” The editorial staff regrets the error.

##### Multiple sclerosis: Five new things

In the article “Multiple sclerosis: Five new things” by JA Nicholas et al. (*Neurol Clin Pract* 2013;3:404–412), there is an error on page 406. The first full sentence should read “There was a 55% reduction in annualized relapse rate (ARR), the study's primary outcome...” The publisher regrets the error.

# Neurology® Clinical Practice

**Multiple sclerosis: Five new things**  
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