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## ERRATA

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The following is a correction for an error that occurred in the *Journal of the International Neuropsychological Society*, Vol. 8, No. 2. An abstract titled “Parkinson’s Disease Affects the Attentional Control of Unpracticed Movements,” by M. Lévesque, S. Lemay, S. Chouinard, P. Blanchet, M.-A. Bédard, and F. Richer, was accidentally left out. This abstract was supposed to appear on p. 230 after C. Boulet et al., in the Executive Function subsection of Poster 4, which was a part of the Friday Morning, February 16, group of sessions. The text for this abstract appears below:

**M. LÉVESQUE, S. LEMAY, S. CHOUINARD, P. BLANCHET, M.-A. BÉDARD, F. RICHER. Parkinson’s Disease Affects the Attentional Control of Unpracticed Movements.**

This study examined the effect of Parkinson’s disease on the attentional control of movements using an inverted visual feedback. Eight patients with idiopathic Parkinson’s disease (PD) (aged 45 to 75 years, H-Y stages 2–3) and sixteen aged-matched controls were tested in a task requiring aiming movements from a central location toward a fixed target (one of the 4 corners) with a stylus on a graphics tablet using indirect visual control through a cursor on a monitor. Movements were performed in 3 conditions: A) 16 trials involving the standard feedback, B) 32 trials involving a mirror-reversed feedback, C) 16 post-adaptation trials in the standard feedback. In the standard conditions, patients showed normal trajectories. Under the mirror-inverted feedback, PD patients showed normal learning. However, patients showed an abnormally high number of corrections in their trajectories, indicating direction control problems when feedback is critical to movement control. These data are similar to what was obtained in Huntington’s disease and suggest that Parkinson’s disease produces a deficit in movements performed under attentional control.

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This following is a corrections for an error that occurred in *Journal of the International Neuropsychological Society*, 8:2. On page 276, the abstract at the bottom of the left column has a laterality error, and “right” was supposed to appear instead of “left.” The corrections are highlighted in bold face:

**ZAWACKI, T., SWEET, L., PAUL, R., MOSER, D., & COHEN, R. SPECT correlates of apathy in patients with vascular dementia.**

Behavioral disturbances such as apathy frequently accompany the cognitive and functional decline evidenced in dementia syndromes. Frontal and anterior temporal lobe hypoperfusion have been reported to correlate with apathy severity in Alzheimer’s disease. Much less is known about the correlates of apathy and regional cerebral blood flow in vascular dementia (VaD) patients. Regional brain perfusion in 29 patients with VaD using single photon emission computed tomography (SPECT) was examined. Stepwise linear regression analysis revealed **right** mesial temporal hypoperfusion was significantly related to apathy. **Right** mesial temporal region accounted for 28% of the variance in apathy severity. We also distinguished between VaD patients with MRI identified subcortical strokes and subcortical hyperintensities (SH) (n=14) and those with SH only (n=15). Separate stepwise linear regression analyses for these two groups both independently indicated the role of **right** mesial temporal region. However, different additional regions of hypoactivation were found to contribute to the relationship with apathy between these VaD groups. These findings are consistent with previous reports of the association between apathy and the mesial limbic region. The potential roles of diaschisis and subcortical ischemia in the differential regions of SPECT hypoperfusion associated with apathy are discussed.

The following is a correction for an error that occurred in the *Journal of the International Neuropsychological Society*, Vol. 8, No. 3. The error occurred in the article titled “Reading level attenuates differences in neuropsychological tests performance between African American and White Elders,” pp. 341–348, by Manly et al. On page 343, under the subheading “Reading Level,” the last line in the paragraph should state the age range as 65–74 and not 70–75 years. The text under the subheading should have appeared as:

*Reading level*

Reading level was measured using the Reading Recognition subtest from the Wide Range Achievement Test-Version 3 (Wilkinson, 1993). Participants were asked to name letters and pronounce words out of context. The words are listed in order of decreasing familiarity and increasing phonological complexity. Consistent with the standard instructions for administration, a basal of 5 correct and a ceiling of 10 incorrect was used. WRAT-3 grade equivalent scores were derived from the normative values for people age 65–74 years from the manual.

Cambridge University Press and the authors regret the inconvenience that these inadvertent errors may have caused.