查方法研究这些认知功能相关脑区的结构变化。

参 考 文 献

［1］Freitag FG. The cycle of migraine: patients′ quality of life during and between migraine attacks. Clin Ther, 2007, 29:939-949.

［2］Cady R, Farmer K. Migraine and cognition. Headache, 2013, 53:587-588.

［3］Baddeley A. Working memory. Curr Biol, 2010, 20:R136-140.

［4］Bi C, Liu P, Yuan X, Huang X. Working memory modulates the association between time and number representation. Perception, 2014, 43:417-426.

［5］Ecker UK, Oberauer K, Lewandowsky S. Working memory updating involves item-specific removal. J Mem Lang, 2014, 74:1-15.

［6］Shipstead Z, Lindsey DR, Marshall RL, Engle RW, Engle RW. The mechanisms of working memory capacity: primary memory, secondary memory, and attention control. J Mem Lang, 2014, 72:116-141.

［7］Unsworth N, Fukuda K, Awha E, Vogel EK. Working memory and fluid intelligence: capacity, attention control, and secondary memory retrieval. Cogn Psychol, 2014, 71:1-26.

［8］Leue A, Weber B, Beauducel A. How do working-memory-related demand, reasoning ability and aversive reinforcement modulate conflict monitoring? Front Hum Neurosci, 2014, 8:210.

［9］Li J, Chen CS, Lei XM, Wang YX, Chen CH, He QH, Moyzis RK, Xue G, Zhu B, Cao ZY, Dong Q. The NTSR1 gene modulates the association between hippocampal structure and working memory performance. Neuroimage, 2013, 75:79-86.

［10］Owen AM, McMillan KM, Laird AR, Bullmore E. N-back working memory paradigm: a meta-analysis of normative functional neuroimaging studies. Hum Brain Mapp, 2005, 25:46-59.

［11］Gazzaley A, D′Esposito M. Top-down modulation and normal aging. Ann NY Acad Sci, 2007, 1097:67-83.

［12］Russo A, Tessitore A, Giordano A, Corbo D, Marcuccio L, De Stefano M, Salemi F, Conforti R, Esposito F, Tedeschi G. Executive resting-state network connectivity in migraine without aura. Cephalalgia, 2012, 32:1041-1048.

［13］Zaidat OO. Migraine as a risk factor for subclinical brain lesions. JAMA, 2004, 291:2072.

［14］Moutran AR, Villa TR, Diaz LA, Noffs MH, Pinto MM, Gabbai AA, Carvalho Dde S. Migraine and cognition in children: a controlled study. Arq Neuropsiquiatr, 2011, 69:192-195.

［15］Koppen H, Palm-Meinders I, Kruit M, Lim V, Nugroho A, Westhof I, Terwindt G, van Buchem M, Ferrari M, Hommel B. The impact of a migraine attack and its after-effects on perceptual organization, attention, and working memory. Cephalalgia, 2011, 31:1419-1427.

［16］Van Dyke JA, Johns CL, Kukona A. Low working memory capacity is only spuriously related to poor reading comprehension. Cognition, 2014, 131:373-403.

［17］Trezise K, Reeve RA. Working memory, worry, and algebraic ability. J Exp Child Psychol, 2014, 121:120-136.

［18］Heinzel S, Lorenz RC, Brockhaus WR, Wustenberg T, Kathmann N, Heinz A, Rapp MA. Working memory load-dependent brain response predicts behavioral training gains in older adults. J Neurosci, 2014, 34:1224-1233.

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更正：干扰素-β治疗复发-缓解型多发性硬化系统评价
Erratum to Interferon-beta for relapsing-remitting multiple sclerosis: a systematic review

　　由于作者本人疏忽，在统计过程中将率比（RR）自然对数的标准误输入错误，导致干扰素-β（IFN-β）治疗后年复发率的假阴性结果。特申请将我刊2014年第14卷第9期"干扰素-β治疗复发-缓解型多发性硬化系统评价"[1]一文第775页中文摘要第17行"但在年复发率方面，INF-β治疗无效。"改为"此外，还显示出INF-β在降低年复发率方面的疗效。"，第776页英文摘要第20行"However, the pooled results showed no treatment effect on the annualized relapse rate."改为"In addition, Meta-analysis showed a treatment effect of IFN-β in reducing the annualized relapse rate."。将第782页左栏第13行"有3项临床试验（1457例占68.44％）报告了随访1年时的年复发率[44-46]，合并的 RR 为0.720（95％CI：0.120～4.240，P=0.710；图4a）；3项临床试验（919例占43.17％）报告随访2年时的年复发率[41-43]，合并的 RR 为0.690（95％CI：0.130～3.680，P=0.670；图4b），均显示IFN-β治疗无效。"改为"有3项临床试验（1457例占68.44％）报告了随访1年时的年复发率[44-46]，合并的 RR 为0.690（95％CI：0.600～0.790，P=0.000；图4a）；3项临床试验（919例占43.17％）报告随访2年时的年复发率[41-43]，合并的 RR 为0.680（95％CI：0.610～0.770，P=0.000；图4b），均显示出IFN-β在降低年复发率方面的疗效。"，特此更正。

参考文献

［1］He D, Li Y, Xu Z, Zhou HY, Chu L, Cai G, Dai QQ, Zhang YF. Interferon-beta for relapsing-remitting multiple sclerosis: a systematic review. Zhongguo Xian Dai Shen Jing Ji Bing Za Zhi, 2014, 14:775-788.[贺电, 李娅, 徐竹, 周红雨, 楚兰, 蔡刚, 戴庆箐, 张艺凡. 干扰素-β治疗复发-缓解型多发性硬化系统评价. 中国现代神经疾病杂志, 2014, 14:775-788.]

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Erratum to
# Interferon-beta for relapsing-remitting multiple sclerosis: a systematic review

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The standard errors of the natural log rate ratio (*RR*) were incorrectly input during the statistical process, leading to false-negative treatment results of interferon-beta (IFN-β) on annualized relapse rate [1]. The corrected statistical data showed that high-dose IFN-β significantly reduced annualized relapse rate at one year or two years of follow-up (*RR* = 0.690, 95%CI: 0.600-0.790, *P* = 0.000, Figure 4a, and *RR* = 0.680, 95%CI: 0.610-0.770, *P* = 0.000, Figure 4b, respectively).
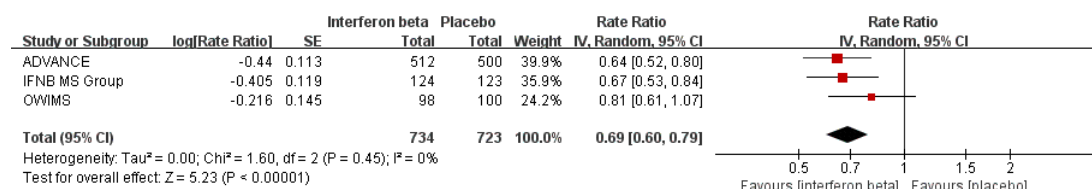
4a
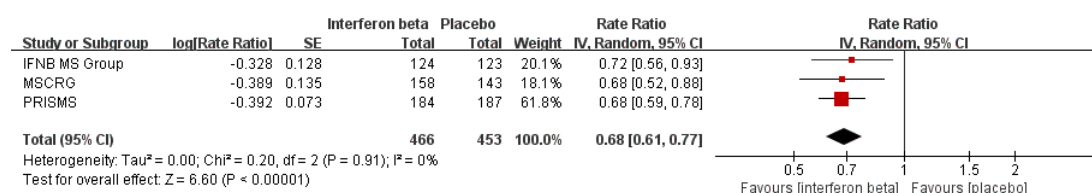
4b

Figure 4 Forest plot of the annualized relapse rate after treatment with high-dose IFN-β. The annualized relapse rate during the first year of follow-up (Panel 4a). The annualized relapse rate during the first 2 years of follow-up (Panel 4b).

[1] He D, Li Y, Xu Z, Zhou HY, Chu L, Cai G, Dai QQ, Zhang YF. Interferon-beta for relapsing-remitting multiple sclerosis: a systematic review. Zhongguo Xian Dai Shen Jing Ji Bing Za Zhi, 2014, 14:775-788.[贺电, 李娅, 徐竹, 周红雨, 楚兰, 蔡刚, 戴庆箐, 张艺凡. 干扰素-β治疗复发-缓解型多发性硬化系统评价. 中国现代神经疾病杂志, 2014, 14:775-788.]