



Correction to “Fragile X Syndrome”

I enjoyed reading the article on fragile X syndrome (FXS) in the October/November 2011 issue of *Neurology Now*. In fact, I put the issue on reserve at the University of California at Berkeley library so that my graduate students in the vision lab can read it.

However, I wanted to point out a mistake the author made on page 45. In regard to medical problems faced by people with FXS, she used the term “presbyopia” when she should have used “accommodative insufficiency.” According to the National Eye Institute Web site (nei.nih.gov), “Presbyopia is a common type of vision disorder that occurs as you age. It is often referred to as the aging eye condition. Presbyopia results in the inability to focus up close, a problem associated with refraction in the eye.”

Children with FXS will develop presbyopia as they reach middle age, but so will 100 percent of all adults who reach middle age. Please make a correction in the next issue for your readers so they will not be misinformed.

Thank you and I look forward to the reading the next issue of *Neurology Now*.

—Anousheh Mortazavi, O.D.
UC Berkeley School of Optometry
Berkeley, CA

THE EDITOR RESPONDS: Thank you, Dr. Mortazavi. We stand corrected!

University of Google

The article in the October/November 2011 issue titled “University of Google” was an excellent reminder that you shouldn’t trust everything you read on the Internet, especially about a medical condition. I have epilepsy and migraine,

and when I have questions about my health, I go to PubMed Health

(ncbi.nlm.nih.gov/pubmedhealth).

I always show my doctor, who recommended PubMed, the information I get from the Web site. As you said in the article, the Internet shouldn’t be the “last word” on medical information but the start of a conversation with your own physician.

—Paul Sybrandy
Matamoras, PA

It Takes A Team

In Dr. Brey’s editor’s letter from the June/July 2011 issue (“It Takes a Team”) she asked people to share their experiences putting together a health-care team. My experience began with sudden vision changes. Right away I contacted my ophthalmologist. He recruited a specialist, who confirmed the diagnosis of a stroke of the optic nerve. We made a collective decision to experiment with using dilating drops on a daily basis.

Next, I contacted the Health & Learning Center at my local hospital. They offered to pull up clinical trials specific to my condition.

Then I brought my cardiologist on board. He ordered a test showing my lipoprotein-a level was staggeringly high and prescribed medication to lower it.

My next appointment was with a stroke specialist, who confirmed there was no bleeding in the brain. Finally, a sleep specialist determined that sleep apnea may have played a role in the stroke.

My internist emphasized the importance of giving medical power of attorney to someone I trust. I chose one of my daughters.

It helps put my mind at ease knowing I have this health care team behind me and that I have brought my family into the process as well.

—Katherine Anderson

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