PREVALENCE AND COMORBIDITY OF NOCTURNAL WANDERING IN THE US ADULT GENERAL POPULATION

Mark R. Pressman, Wynnewood, PA: As noted by Ohayon et al., nocturnal wandering (NW) is not synonymous with sleepwalking. NW may also refer to wandering during the night due to epilepsy. Alcohol intoxication can also result in drunken behavior while awake, but this type of cognitive impairment may be indistinguishable from other forms of NW. Dementia and CNS drug effects can also result in NW.

Alternate explanations of the data are available. The highest OR for NW reported was for obsessive-compulsive disorder (OCD). OCD has no known relationship to sleepwalking, nor are there any published reports. However, selective serotonin reuptake inhibitor medications used to treat OCD are well known to increase tonic EMG levels during REM sleep and are thus most likely associated with REM behavior disorder, not sleepwalking. Sleepwalking is typically associated with amnesia and has a familial pattern, but this is also true of alcoholism.

The study by Ohayon et al. does not provide any direct evidence to support the claim that alcohol use causes sleepwalking. Rather there is an association of NW with individuals who report alcohol abuse in their past. Causation for individual subjects cannot be determined from these data. There has never been an empirical, laboratory-based study of alcohol use in clinically diagnosed sleepwalkers.© 2013 American Academy of Neurology


CORRECTION

Verbal memory impairment correlates with hippocampal pyramidal cell density

In the article "Verbal memory impairment correlates with hippocampal pyramidal cell density" by K.J. Sass et al. (Neurology® 1990;40:1694–1697), table 1 contains several typographical errors. The correct mean score and standard deviation for CA3, right focus, are 7,041.80 and 3,402.43, respectively. The correct mean score for the granule layer, right focus, should be 155,640.44. The correct mean score and standard deviation for CA3, autopsy, are 17,941.86 and 2,804.07, respectively. The correct CA1 mean for the autopsy group is 15,529.93. The authors regret the errors.

Eight new mutations and the expanding phenotype variability in muscular dystrophy caused by ANOS5

In the article "Eight new mutations and the expanding phenotype variability in muscular dystrophy caused by ANOS5" by S. Penttilä et al. (Neurology® 2012;78:897–903), there is an error repeated throughout the article. One of the new mutations reported is consistently in form c.1502delT, although it should be c.1520delT. The authors regret the error.
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