



Figure 1 Sleep staging from the polysomnogram is shown, with wake (WK), movement (MVT), rapid eye movement (REM) sleep and the non-REM sleep stages, S1, S2, S3 and S4. There was some delay before the patient fell asleep but the overall sleep architecture was then normal with two episodes of abnormal movements during REM highlighted with the black arrows. The patient was in bed from 23:00 to 06:00 and the two events occurred at 02:15 and 04:30.

of other patients with REM abnormalities,^{3,4} suggesting that the variable developmental, pontine disorder in Möbius syndrome can cause REM disturbance if the critical neural networks within the pedunculopontine nucleus are affected. Secondary causes of RBD with structural pontine lesions support this theory.⁵ It is also possible that the condition is underreported or underdiagnosed and that more cases will emerge as RBD becomes more widely recognised.

The description of the stereotyped disturbing dreams with dream enactment in the absence of other causes of sleep disturbance on the polysomnography is characteristic of RBD, but atypical features include the early age of onset and treatment resistance. The young age of onset could be explained by a developmental rather than a neurodegenerative disorder. The reason for the lack of response to treatment remains unclear.

The case is unusual but highlights the need to question patients with Möbius syndrome specifically about sleep disturbance and it supports the theory that Möbius syndrome is a variable disorder affecting brainstem development.

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BOOK REVIEW

9/11 Mental health in the wake of terrorist attacks

Edited by Yuval Neria, Ezra Gross, Randall Marshall. Cambridge University Press, Cambridge, 2006, £60.00 (hardcover), pp 630. ISBN 0521831911

This book comprehensively describes the psychological response to the 9/11 terrorist attacks in New York and, to a lesser degree, Washington DC. The impact of what happened on the local and US national population is considered through various epidemiological studies, as well as personal accounts from some of those more directly involved. These complement each other well and highlight the fact that some individuals developed marked psychological difficulties as a result of the attacks but the majority of those exposed have not. The results, particularly of Galea and colleagues' excellent work, suggest marked resilience among those involved. These findings and increasing research evidence regarding the lack of effectiveness of universal interventions raise questions about some of the outreach and intervention work described in one section of the book.

There is clearly a need to provide practical and pragmatic support in an empathic manner following traumatic events and this appears to have been effectively done in many instances but questions remain unanswered regarding if, when and how more formal interventions should be provided. The absence of methodologically robust evaluation research concerning the programmes adopted suggests that an opportunity has probably been missed to further assess what best to do following traumatic events. Without doubt, many of those involved appear to have welcomed the support they received, but it is impossible to determine whether or not the interventions were truly effective in reducing levels of short term mental distress or the development of longer term psychological sequelae. These issues are discussed in more detail in the chapters of Litz, Shelev and Wesseley, which

provide more critical commentaries on the approaches taken with full acknowledgement of the difficulty in deciding how best to respond.

The interesting chapters regarding community responses and effective leadership in extreme crisis support recent guidelines that suggest a move towards a more sociological approach to encourage resilience and support recovery. There are useful examples of the adoption of a stepped/stratified care approach and the provision of training and support for local service providers to provide specific interventions that have been shown to be effective, such as prolonged exposure treatment for post-traumatic stress disorder.

The chapter authors include a good mixture of recognised experts in the field and individuals who were directly involved and have developed an expertise as a result of this particular experience. A major strength of the book is the self-critical approach that many of the authors have taken when writing their chapters. They carefully discuss methodological issues and dilemmas that are likely to face anybody trying to provide services and conduct research in this area.

This book will undoubtedly serve as a very helpful resource for anybody who wants to learn more about the psychological aftermath and response to the 9/11 terrorist attacks and should be used to inform the planning of psychosocial responses in the future.

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CORRECTION

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J Moriarty. Psychiatric disorders in neurology patients. *J Neurol Neurosurg Psychiatry* 2007;**78**:331. In the text and in the references of this paper the first author of its companion paper has been spelt incorrectly. The correct reference is Jefferies K, Owino A, Rickards H, *et al*. Psychiatric disorders in neurology inpatients: estimate of prevalence and usefulness of screening questionnaires. *J Neurol Neurosurg Psychiatry* 2007;**78**:414–16.