million) US children aged 5 to 18 received MPH for ADD in 1995. The increased usage was related to more prolonged treatment, more girls, and adolescents receiving medication for ADD. (Safer DJ, Zito JM, Fine EM. Increased methylphenidate usage for attention deficit disorder in the 1990s. Pediatrics Dec 1996;98:1084-1088). (Reprints: Daniel J Safer MD, 7702 Dunmanway, Dundalk, MD 21222).

COMMENT. A 2.8-fold increase in methylphenidate usage between 1990 and 1995, as shown in this study, is far less than the media claims of a 6-fold increased usage, based on DEA production quotas for methylphenidate in this time period. The findings do not address the appropriateness of stimulant therapy for ADHD.

SLEEP DISORDERS IN NEUROLOGICAL PRACTICE

Pediatric sleep disorders are reviewed from the Infant and Family Development Laboratory, Department of Psychiatry and Graduate Program in Human Development, University of California, Davis. Sleep disorders associated with neurological disorders include: 1) sleep-related epilepsy; 2) sleep-related headaches; 3) degenerative disorders; 4) developmental disorders (Down syndrome; Prader-Willi syndrome); 5) methylphenidate treatment for ADHD causing sleep disturbance; and 6) Kleine-Levin syndrome, with episodic excessive somnolence. Medical and psychiatric disorders that interfere with sleep include: asthma, gastroesophageal reflux, psychoses, mood disorders, anxiety, and substance abuse disorders. Primary sleep disorders include *dyssomnias* (obstructive sleep apnea with enlarged tonsils and adenoids, narcolepsy, extrinsic sleep irregularities of infants, circadian rhythm sleep disorders); *parasomnias* (sleep terrors, sleepwalking, head banging, rocking, talking, leg cramps, nightmares, bruxism, enuresis). (Anders TF, Eiben LA. Pediatric sleep disorders; a review of the past 10 years. J Am Acad Child Adolesc Psychiatry Jan 1997;36:9-20). (Reprints: Dr Anders, Department of Psychiatry, UCDMC, 4430 V Street, Sacramento, CA 95817).

COMMENT. The pediatric neurologist may be consulted because of REM parasomnias and the differentiation of nightmares, sleep terrors, and nocturnal frontal lobe seizures. EEGs are frequently nonspecific, and video-polysomnographic monitoring is often necessary. A trial of anticonvulsant medication, eg clonazepam, may be warranted in suspected but unconfirmed cases of seizures. (see Ped Neur Briefs Oct 1996 for reports of nocturnal frontal lobe epilepsy and differential diagnosis).

LANGUAGE DISORDERS

ACQUIRED NEUROLOGIC MUTISM

The behavioral features of four children with acquired neurologic mutism are reported from the Department of Neurology, University Hospital Rotterdam-Dijkzigt, Rotterdam; and Department of Medical Psychology, Ziekenhuis Walcheren, Vlissingen, The Netherlands. Neuropsychologic examinations revealed changes in phonation, orofacial movements, communicative behavior, and linguistic functions. Case 1, akinetic mutism, post severe head injury, hemorrhage in left fronto-parietal area, spastic quadriplegia, motionless except for slow eye movements and head turning when addressed, no orofacial movements except smacking of lips, recovered