

controlled-release melatonin was discontinued in 2009, and the patient remains medication- and symptom-free, with a stable sleep-wake cycle.

In our patient, psychiatric symptoms seemed to be triggered by severely disordered sleep. Controlled-release melatonin was used in order to replace the normal physiological secretion of melatonin, which continues throughout the night. Rapid-release melatonin has a half life of 30–60 minutes and is used as a circadian signal (in jet lag, for example) and is not suitable for replacement treatment.

It is interesting that following treatment with controlled-release melatonin and restoration of a normal sleep-wake cycle, not only did psychiatric symptoms cease, but the patient was also able to discontinue melatonin treatment. We hypothesize that pineal gland destruction led to an abnormal sleep-wake cycle, which triggered the psychiatric symptoms, and restoration of the sleep-wake cycle led to resolution of the psychiatric symptoms, permitting the patient to use other signals to synchronize sleep-wake times, thus preventing relapse.

Circadian rhythm disturbances should be considered as a contributing factor in psychiatric symptoms occurring in relation to pineal region tumors, both before and after treatment.

#### Reference

1. Mittal VA, Karlsgodt K, Zinberg J, Cannon TD, Bearden CE: Identification and treatment of a pineal region tumor in an adolescent with prodromal psychotic symptoms. *Am J Psychiatry* 2010; 167:1033–1037

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*The authors report no financial relationships with commercial interests.*

*This letter (doi: 10.1176/appi.ajp.2010.10101440) was accepted for publication in October 2010.*

*Reprints are not available; however, Letters to the Editor can be downloaded at <http://ajp.psychiatryonline.org>.*

#### Correction

In the article “Genome-Wide Association Study of Suicide Attempts in Mood Disorder Patients” by Roy H. Perlis, M.D., M.Sc., et al. (*Am J Psychiatry* 2010; 167:1499–1507), the middle initial for the ninth author was omitted. The author's name should read Thomas G. Schulze, M.D. Dr. Schulze's new affiliation also should have been included as follows: Department of Psychiatry and Psychotherapy, University Medical Center, Georg-August-Universität, Göttingen, Germany.