

DOPAMINE AGONIST IN TREATMENT OF ADHD WITH RESTLESS LEGS SYNDROME AND ODD

A 6-year-old male with attention deficit hyperactivity disorder who responded poorly to methylphenidate (MPH) was benefited following treatment with the dopamine agonist ropinirole, in a report from the Hopital Robert Debre, Paris, France. Restless legs syndrome and sleep problems were comorbid disorders that were linked to iron deficiency (serum ferritin 10 mcg/L) and partially relieved by a 3-month course of ferrous sulfate. Symptoms of ADHD and oppositional behavior were also improved initially but later relapsed, despite a normal ferritin level (73 mcg/L) and an increased dose of MPH. Ropinirole (0.25 to 0.5 mg, 90 min before bedtime) resulted in improvements in sleeping habits, ADHD and ODD, control of restless leg movements, and a reduction in the dose of MPH. No adverse effects were observed. (Konofal E, Arnulf I, Lecendreux M, Mouren M-C. Ropinirole in a child with attention-deficit hyperactivity disorder and restless legs syndrome. *Pediatr Neurol* May 2005;32:350-351). (Respond: Dr Konofal, Service de Psychopathologie de l'Enfant et de l'Adolescent, Hopital Robert Debre, 48, bd Serrurier, 75020 Paris, France).

COMMENT. Having failed to diagnose restless legs syndrome in my patients with ADHD, despite polysomnograms in many, I was surprised to read the authors' reference to an incidence of up to 40%. The potential benefit of a dopamine agonist in the treatment of ADHD unresponsive to MPH is of interest and warrants further study.

COGNITIVE DEFICITS IN CHILDREN WITH MULTIPLE SCLEROSIS

The association between cognitive functioning and clinical features of 37 children (ages 8-17; mean 14.8 years) with a diagnosis of multiple sclerosis (MS) is reported from the State University of New York at Stony Brook, NY. Thirteen (35%) had cognitive impairment, especially in attention, memory and language, and required academic assistance in school. The majority was on disease modifying drug therapy, and 48% suffered from fatigue. Six of 13 given a structured psychiatric evaluation had an affective disorder. The degree of disability, number of relapses, total disease length, and age at onset were correlated with cognitive dysfunction. At one year follow-up in 8 patients, 5 showed progressive cognitive decline. (MacAllister WS, Belman AL, Milazzo M et al. Cognitive functioning in children and adolescents with multiple sclerosis. *Neurology* April (2 of 2) 2005;64:1422-1425). (Reprints: Dr Lauren B Krupp, State University of New York at Stony Brook, HSC T-12 020, Department of Neurology, Stony Brook, NY 11794).

COMMENT. Similar to findings in adults, children and adolescents with MS have a high incidence of cognitive impairment and decline, especially affecting attention, memory and language. Cognitive dysfunction involving memory, language, and visual perception is included among initial symptoms of MS in a report of 5 childhood cases (Iannetti P et al, 1996; *Progress in Pediatric Neurology* III, PNB Publ, 1997;p553).