symptoms of ADHD and comorbidities had poorer psychosocial HRQL. Research and management of ADHD should include measurement of broader domains of family impact and child health. (Klassen AF, Miller A, Fine S. **Pediatrics** November 2004;114:e541-e547).

Negativity in the mother-infant interaction and early family adversity each contribute to later hyperkinetic symptoms in a study of the effects of regulatory problems in infancy. (Becker K, yet al. **Acta Paediatr** Nov 2004;93:1463-1469).

SEIZURE DISORDERS

CONSEQUENCES OF INAPPROPRIATE ER MANAGEMENT OF STATUS EPILEPTICUS

The clinical features of status epilepticus (SE) requiring admission to pediatric intensive care (PIC) and the emergency pre-PIC treatment of SE compared to standard guidelines were studied in relation to the course of SE after admission to PIC at Great Ormond Street Hospital for Children, London, UK. The records of 98 (4% of all admissions) children (median age 2.2 years, range 0.1-12.1 years) with confirmed episodes of SE were reviewed. The majority of patients were under 5 years of age. The mean duration of SE was 90 minutes (range 30-435 min) and was independent of etiology. Diazepam or lorazepam was most commonly administered as emergency pre-PIC treatment, but the dose was frequently lower than that recommended. The risk of respiratory insufficiency following seizure termination is related to the number of doses of benzodiazepine ($p=0.066$); children having prehospital treatment were more likely to receive more than 2 doses ($p=0.001$), and those with prehospital treatment were more likely to have respiratory depression ($p=0.01$). The mean duration of ventilatory support was 15 hours and was independent of etiology ($p=0.16$). Five (5%) children with SE died; 2 with meningitis, 1 each with hepatic failure, brain tumor, and neurodegenerative disease. Appropriate pre-PIC treatment of SE is stressed to avoid the necessity for 2 doses of benzodiazepines and the increased risk of respiratory depression. (Chin RFM, Verhulst I, Neville BGR, et al. Inappropriate emergency management of status epilepticus in children contributes to need for intensive care. **J Neurol Neurosurg Psychiatry** November 2004;75:1584-1588). (Respond: Dr RFM Chin, Neurosciences Unit, Institute of Child Health, University College and Great Ormond Street Hospital for Children, London WC1N 1EH, UK).

COMMENT. The risks of morbidity and mortality of status epilepticus are adversely affected by delayed and inadequate treatment. Information regarding the prehospital treatment of SE in individual patients is essential to avoid administration of excess benzodiazepines and an increased risk of respiratory depression. Improved prehospital management of SE may require revision of guidelines and the use of alternative medications administered by routes more acceptable than rectal. The use of intravenous agents is limited by the difficulty of administration in young children treated in an outpatient clinic. Recent studies have demonstrated similar efficacy to rectal diazepam in controlled trials of buccal and nasal preparations (Scott RC et al. **Lancet** 1999;353:623-626; O'Regan ME et al. **Dev Med Child Neurol** 1996;38:1037-1045).