

functional sequelae (Baram TZ. Editorial, **Ann Neurol** Dec 2003;54:701-704; Millichap JG. Studies in febrile seizures I. Height of body temperature as a measure of the febrile seizure threshold. **Pediatrics** Jan 1959;23:76-85).

Effects of seizure-related activity on cognitive function. Paroxysmal epileptic activity, the acute effects of minor seizures and epileptic EEG discharges, caused deficits in cognitive processes, alertness and mental speed, in children with short nonconvulsive seizures, and over time, affected educational achievement (Aldenkamp A, Arends J. **Epilepsia** January 2004;45:54-63).

RISK FACTORS FOR RECURRENCE AFTER FIRST SEIZURE

Recurrence after a first unprovoked cryptogenic/idiopathic seizure was studied in 213 children followed at FCM-Unicamp, Campinas, SP, Brazil. Recurrence occurred in 34% of patients at a mean interval of 12 months. An abnormal EEG was a significant risk factor for seizure recurrence. Small calcifications found in 9.5% of CTs performed in 182 patients were not a predictor for recurrence. (Scotoni AE, Manreza MLG, Guerreiro MM. Recurrence after a first unprovoked cryptogenic/idiopathic seizure in children: a prospective study from Sao Paulo, Brazil. **Epilepsia** February 2004;45:166-170). (Reprints: Dr MM Guerreiro, Department of Neurology, FCM-Unicamp, PO Box 6111, 13083-970 Campinas, SP, Brazil).

COMMENT. EEG but not CT abnormalities are predictors of seizure recurrence after a first unprovoked cryptogenic/idiopathic seizure.

In 82 patients with childhood-onset cryptogenic localization-related epilepsies controlled for 3 years or more, seizures recurred in 8(9.8%) after withdrawal of antiepileptic drugs. (Ohta H et al. **Brain Dev** 2004;26:19-25). Factors correlating with higher rates of seizure relapse included: 6 years of age or higher at epilepsy onset; 15 years of age or higher at start of AED withdrawal; 5 years or more from start of AED treatment to seizure control; 5 or more seizures before seizure control; and 2 or more AED to effect control. Independent risk factors for relapse were: 6 years of age or higher at onset, and 5 years or more from start of treatment to seizure control. These risk factors are of value in attempting AED withdrawal.

ATTENTION DEFICIT DISORDERS

EFFECTS OF METHYLPHENIDATE ON ATTENTION IN ADHD

In a randomized, double-blind, placebo-controlled study of 60 children aged 8-12 years with ADHD treated with two doses of methylphenidate (MPH), 0.25 and 0.5 mg/kg, and placebo, a linear improvement was obtained at both doses in alertness and focused and sustained attention. No significant improvement occurred for divided attention. Intensity-dimension functions are best influenced by higher doses, executive functions by moderate doses, and selective-dimension functions by variable doses. Responders defined by improved behavior did not differ from nonresponders. (Konrad K, Gunther T, Hanisch C, Herpertz-Dahlmann B. **J Am Acad Child Adolesc Psychiatry** Feb 2004;43:191-298).