of 4 chjildren, and LMG was effective in 6 of 13 patients. Improved communication skills were reported in all 8 receiving VPA, 8 of 13 on LMG, and 2 of 3 treated with CBZ. Improvements in communication and socialization skills were correlated with control of seizures or EEG abnormalities. Improvement in affective symptoms in all 7 patients with mood disorders following therapy with VPA and CBZ was associated with control of seizures and EEG epileptiform abnormalities. Placebo-controlled, double-blind studies are required to investigate the role of AED in the management of affective disorders, ASD, with or without seizures and abnormal EEG. Autism, affective disorders, and epilepsy are frequently comorbid and may share common neuroanatomic and neurochemical neural circuits. (Martino AD, Tuchman RF. Antiepileptic drugs: affective use in autism spectrum disorders. Pediatr Neurol September 2001;25:199-207). (Respond: Dr Roberto F Tuchman, Director, Dan Marino Center, Department of Neurology, Miami Children's Hospital, 2900 South Commerce Parkway, Weston, FL 33331).

COMMENT. Uncontrolled studies suggest that antiepileptic drugs may have a role in the management of affective disorders and autistic spectrum disorder, with or without an associated epilepsy or abnormal EEG. The frequent use of AED in the management of behavior disorders in children with epileptiform EEGs in the absence of clinical seizures indicates the urgent need for controlled studies. The authors have provided an excellent review of the available data on this important problem and the coexistence of autism, epilepsy, and affective disorders.

MOVEMENT DISORDERS

NEUROBEHAVIORAL OUTCOME IN OPSOCLONUS-MA SYNDROME

The relationship between long-term neurobehavioral outcome, MRI findings, and late anti-neuronal antibodies was examined in 11 children with neuroblastoma and opsoclonus-myoclonus-ataxia syndrome (OMA) followed for a mean of 7.6 years at the University of California San Francisco, CA. Seven (64%) exhibited only mild neurologic deficits, 2 (18%) had severe deficits, and 2 (18%) had none. Four (36%) had severe cognitive and behavioral deficiences, while 6 (55%) were average and 1 (9%) moderately below average. Brain MRI showed cerebellar atrophy in 5 of 5 tested, whereas antineuronal activity was not detected in the sera of 10 children examined at follow-up. (Hayward K, Jeremy RJ, Jenkins S et al. Long-term neurobehavioral outcomes in children with neuroblastoma and opsoclonus-myoclonus-ataxia syndrome: relationship to MRI findings and anti-neuronal antibodies. J Pediatr October 20901;139:552-559). (Reprints: Katherine K Matthay MD, Department of Pediatrics, UCSF Medical Center, 505 Parnassus Ave, M-647, San Francisco, CA 94143).

COMMENT. Neurologic examination alone is an insufficient indicator of overall function in long-term follow-up of children with neuroblastoma and OMA syndrome. Cognitive tests are the most sensitive indicator of neurobehavioral deficits. Despite residual neurologic abnormalities, some patients have average neurobehavioral function, with continued improvement over time. Late cerebellar atrophy is a common finding and may be related to neuropsychological sequelae; it did not appear to be related to steroid use. The absence of antineuronal activity (ANA) at follow-up negates any role for ANA in continuing neurologic damage in OMA. Behavioral, fine-motor, and academic performance, in addition to neurologic and MRI examinations, should be monitored in the follow-up of children with OMA.