

COMMENT. Callosal agenesis and interhemispheric cyst is a heterogeneous group of malformations, mainly in males, consisting of two major types, one with cysts that are formed by extensions of the ventricles, and another consisting of loculated cysts not communicating with ventricles. Many are complicated by hydrocephalus and macrocephaly. The MRI permits the identification of previously unrecognized malformations associated with agenesis of the corpus callosum.

## ATTENTION DEFICIT DISORDERS

### **ADHD COMORBIDITY, GENDER, AND SYMPTOM PROFILES**

The results of the NIMH Collaborative Multisite Multimodal Treatment Study of Children with Attention-Deficit/Hyperactivity Disorder (MTA) have been reexamined from several standpoints. One panel of investigators has examined whether core symptoms (inattention and impulsivity) and symptom profiles differ as a function of comorbidity and gender. A continuous performance task (CPT) and rating scales were used to measure core symptoms in 498 children from the MTA who were divided into 4 groups. CPT inattention, impulsivity, and dyscontrol errors were high in all groups. Children with ADHD + anxiety disorders (internalizing symptoms) were more inattentive than impulsive, whereas those with ADHD + ODD or CD (externalizing symptoms) were more impulsive than inattentive. Girls were generally less impaired and less impulsive than boys, and girls with ADHD + anxiety made fewer CPT impulsivity errors than girls with ADHD only. (Newcorn JH, Halperin JM, Jensen PS et al. Symptom profiles in children with ADHD: effects of comorbidity and gender. J Am Acad Child Adolesc Psychiatry February 2001;40:137-146). (Respond: Dr Newcorn, Department of Psychiatry, Mount Sinai Hospital, Box 1230, One Gustave L Levy Place, New York, NY 10029).

COMMENT. Despite differences in symptomatology, children with ADHD and comorbid symptoms have high levels of objectively measured ADHD core symptoms. Girls are generally less affected and show less impulsivity than boys, especially when ADHD is comorbid with anxiety symptoms. These findings have treatment implications, since medication may be less frequently required in girls with low levels of impulsivity.

**Comparison of ADHD comorbid subgroups.** The MTA data were analysed using validation criteria to compare ADHD subgroups, with and without comorbid anxiety and ODD/CD. Children with ADHD-only or ADHD + ODD/CD (without anxiety) responded best to medication treatments (with or without behavioral treatments), while those with multiple comorbidity (anxiety and ODD/CD) responded best to medication and behavioral treatments combined. Children with ADHD + anxiety (without ODD/CD) responded equally well to the MTA behavioral and medication treatments. The authors conclude that the clinical comorbid profiles are sufficiently distinct to warrant classification as ADHD subtypes. (Jensen PS, Hinshaw SP, Kraemer HC et al. ADHD comorbidity findings from the MTA study: comparing comorbid subgroups. J Am Acad Child Adolesc Psychiatry Feb 2001;40:147-158).

**Treatment success rates.** Optimal responses on the MTA/ADHD rating scales are obtained with combined treatments (68%), followed closely by medication alone (56%), then behavioral therapy (34%), and finally, community care (25%). (Swanson JM et al. J Am Acad Child Adolesc Psychiatry 2001;40:168-79)