

argue in favor of aggressive treatment of uncontrolled recurrent seizures, but the use of antiepileptic drugs to prevent epilepsy in children having single or infrequent febrile or afebrile seizures remains controversial. Most authorities do not recommend long-term continuous AEDs for prevention of febrile seizures. Each child is an individual, the decision to start AEDs depending on the cause, severity, associated psycho-neurological findings, and likely prognosis of the seizure disorder, and the potential toxicity of the medication. (see Progress in Pediatric Neurology I, 1991;pp18-21). In adults, early treatment of a single seizure has been shown to prevent recurrence. (see Progress in Pediatric Neurology III, 1997;pp112-113).

MECHANISMS OF PHOTOSENSITIVE EPILEPSIES

Intermittent photic stimulation was performed in 21 photosensitive epileptic patients and the relation of the photoparoxysmal response (PPR) to the epilepsy syndrome was determined in a study at the National Epilepsy Center, Shizuoka Higashi Hospital, Shizuoka, Japan. The PPR was dependent on the quantity-of-light in 4 of 6 patients with photosensitive myoclonic epilepsy in infancy, and in 2 of 7 with symptomatic generalized epilepsy. Wavelength dependent PPR was elicited in 5 of 8 patients with photosensitive localization-related epilepsy, and in 4 of 7 with symptomatic generalized epilepsy. The type of pathophysiologic mechanism for eliciting PPRs by low-luminance photic stimulation was correlated with the epilepsy syndrome classification. (Takahashi Y, Fujiwara T, Yagi K, Seino M. Photosensitive epilepsies and pathophysiologic mechanisms of the photoparoxysmal response. Neurology Sept 1999;53:926-932). (Reprints: Dr Y Takahashi, Department of Pediatrics, Gifu University School of Medicine, 40 Tsukasa-machi, Gifu 500-8076, Japan).

COMMENT. The high frequency of photosensitivity in patients with severe myoclonic epilepsy of infancy might be related to the quantity-of-light-dependent (QLD) mechanism. In the above study, patients with QLD-PPRs have PPRs at frequencies from 6 to 33 Hz, whereas patients with wavelength-dependent (WLD) PPRs show responses at a narrower range (12-20 Hz). This suggests a higher level of photosensitivity in patients with QLD than WLD PPRs. Some photosensitive patients are thought to undergo an evolution and a change in mechanism with age.

SLEEP DISORDERS

SLEEP DISTURBANCES AND ATTENTION DEFICIT DISORDER

The relationship of sleep disorders, attention deficit hyperactivity disorder (ADHD), comorbidity associated with ADHD, and treatment with stimulant medications was determined using 2 sleep questionnaires completed by the parents in a study of children aged 6 to 12 years treated at the Hospital for Sick Children, Toronto, Canada. Sleep problems and factors associated with sleep difficulties were compared in ADHD unmedicated patients (n=79), medicated ADHD (n=22), and 2 control groups. The percentage of subjects with 1 or more sleep problems was highest in the medicated ADHD group (95.5%) and unmedicated ADHD group (86.1%); it was 82.9% in the clinical comparison group, and 55.5% in the nonclinical comparison group. Three sleep problems were evident by factor analysis: *dysomnias* (difficulty getting up, going to bed, and/or falling asleep; *parasomnias* (sleep walking, night waking, sleep terrors); and sleep related *involuntary movements*.