

among metropolitan Atlanta children were studied at the University of Kentucky, Lexington, KY, and Centers for Disease Control and Prevention, USPHS, Atlanta, GA, using data from the Metropolitan Atlanta Developmental Disabilities Study. The lifetime prevalence of LGS at age 10 years was 0.26/1000, accounting for 4% of all childhood epilepsy. Mental retardation (IQ <70) was present in 91%, and a history of infantile spasms in 39%. Of children with profound mental retardation (IQ <20) in Atlanta, 17% had LGS. LGS causes a disproportionate degree of morbidity and health care costs among children with epilepsy because of the multiple complications, including cerebral palsy, mental retardation, visual and hearing impairments, status epilepticus, and frequent falls with injury. (Trevathan E, Murphy CC, Yeargin-Allsopp. Prevalence and descriptive epidemiology of Lennox-Gastaut syndrome among Atlanta children. *Epilepsia* Dec 1997;38:1283-1288). (Reprints: Dr E Trevathan, Epilepsy Center, Department of Neurology, University of Kentucky, Kentucky Clinic, Room L-445, Lexington, KY 40536).

COMMENT. The prevalence of Lennox-Gastaut syndrome in a population based study among Atlanta children is 0.26/1000, and 4% of all childhood epilepsy. The relatively high morbidity and increased health care costs of treating childhood LGS should prompt multicenter collaborative research projects to identify etiological risk factors, preventive measures, and more effective therapy.

See *Progress in Pediatric Neurology* III, 1997;pp82-83, for previous reports of the prevalence of epilepsy: 6/1000 among 10-year-old children in Atlanta (Murphy CC et al, 1995), and 9.8/1000 among children <15 years in Rochester, MN (Hauser WA, 1994).

## PREVALENCE OF EPILEPTIC SYNDROMES IN FINLAND

The prevalence of epilepsy and types of seizures and epileptic syndromes in children in the district of the Tampere University Hospital (population 175,000) and 34 surrounding rural counties was determined by a retrospective review of medical records and EEG recordings, using the latest ILAE International Classifications. Prevalence of epilepsy in 1992 was 3.94 per 1000, and 96% of seizures and 90% of epileptic syndromes could be classified. Generalized seizures and syndromes were more prevalent in young children 0-6 years of age, and partial/localization-related seizures in older children 6-15 years. Intractable epilepsies in 17% of all cases correlated with symptomatic etiology and early onset of seizures. Lennox-Gastaut accounted for 2% of epilepsies, and 10% were unclassified. (Eriksson KJ, Koivikko MJ. Prevalence, classification, and severity of epilepsy and epileptic syndromes in children. *Epilepsia* Dec 1997;38:1275-1282). (Reprints: Dr KJ Eriksson, Tampere University Hospital, Department of Pediatrics, PO Box 2000, FIN-335621 Tampere, Finland).

COMMENT. Intractable seizures account for 17% of all epilepsies in a defined population of children in Finland. The prevalence of childhood epilepsy in the Finland population (3.94/1000) is much lower than that in Atlanta (6/1000) and Rochester, MN, USA (9.8/1000).

## PHENOBARBITAL FOR CHILDHOOD EPILEPSY IN RURAL INDIA

The acceptability of phenobarbital as a first-line drug for childhood epilepsy in rural settings in developing countries was studied using a randomized comparison of phenobarbital and phenytoin as monotherapy in West Bengal, India, and results were analyzed at the Institute of Child Health, University College London, UK, the MRC Biostatistics Unit, Cambridge, and Child-in-Need Institute, Daulatpur, West Bengal, India. Phenobarbital (1.5 mg/kg daily for 2