

COMMENT. Children with developmental delays and PDD are at increased risk of lead poisoning beyond 3 years of age. Children with PDD and other behavior disorders should be tested for lead at regular intervals beyond 4 years of age. More importantly, primary preventive measures designed to abate lead from the environment before lead intoxication occurs may be the only successful method of management.

LEARNING DISABILITIES IN TOURETTE'S SYNDROME & ADHD

The psychosocial, psychoeducational, and neuropsychological data from 65 unmedicated, school-aged children with Tourette's syndrome (some with TS only and others with TS & ADHD) and 27 comparison children were analysed at the Kennedy Krieger Institute and School of Medicine, Johns Hopkins University, Baltimore, MD. Learning disabilities were present in 23% of the total TS sample, but not in the TS-only group. The TS-only group had the highest mean FSIQ (117), exceeding the mean IQ of their parents. The TS+ADHD group had the lowest FSIQ. All TS groups had a poor performance on measures of choice reaction time, suggesting a deficit in preparedness to act or respond. The TS-only group was significantly weak in executive function or letter word fluency, but had age-appropriate scores on a timed neuromotor examination, and was better than TS+ADHD groups on untimed measures of visual-spatial skill. (Schuerholz LJ, Baumgardner TL, Singer HS, Reiss AL, Denckla MB. Neuropsychological status of children with Tourette's syndrome with and without attention deficit hyperactivity disorder. Neurology April 1996;46:958-965). (Reprints: Dr Linda J Schuerholz, Kennedy Krieger Institute, Room 501, Developmental Cognitive Neurology, 707 N Broadway, Baltimore, MD 21205).

COMMENT. The authors suggest that in this sample of TS children, school difficulties are not synonymous with learning disability. Academic achievement could be related to timed linguistic efficiency, and cognitive slowing (so-called "bradyphrenia") may be out of proportion to cognitive impairment. A subtle "bradyphrenia" in patients with TS may account for some academic problems. Medications such as clonidine used to suppress tics may add to the cognitive slowing.

DEPRENYL IN TOURETTE'S SYNDROME AND ADHD

The efficacy of deprenyl, a monoamine oxidase inhibitor, was evaluated in the treatment of ADHD in 24 children and adolescents with comorbid Tourette's syndrome (TS) enrolled at the University of Rochester and Baylor College of Medicine. A double-blind placebo-controlled crossover design included two 8-week treatment periods separated by a 6-week washout period. A beneficial effect of deprenyl on tics was noted, but improvement of ADHD symptoms was limited to the first treatment period. (Feigin A et al. A controlled trial of deprenyl in children with Tourette's syndrome and attention deficit hyperactivity disorder. Neurology April 1996;46:965-968). (Reprints: Dr A Feigin, North Shore University Hospital, 444 Community Drive, Suite 206, Manhasset, NY 11030).

COMMENT. Deprenyl is metabolized to amphetamine and methamphetamine. By inhibiting breakdown of dopamine and increasing synaptic dopamine levels, deprenyl might be expected to worsen tics. These authors report a controlling effect on tics, possibly due to an influence on dopamine receptors. The failure to demonstrate a significant beneficial effect on ADHD could be explained by the crossover study design and patient dropout.