

1991). Prevalence of migraine diagnosis by IHS criteria also favored Caucasian over African-American children, 61% to 35%, in a more recent study. Minority children were less likely to present with vomiting, lateralized pain, or food as a precipitant of headache. (Ped Neur Briefs Nov 1993). The IHS criteria should be modified to increase their sensitivity to children and adolescents and also to racial differences in symptomatology. (Progress in Pediatric Neurology II, Chicago, PNB Publ, 1994).

CLUSTER HEADACHES RELIEVED BY INDOMETHACIN

The clinical features and treatment of cluster headaches are reported in two patients, a boy aged 8 and a girl 10 years, evaluated at the Department of Neurology, University of North Carolina at Chapel Hill. Indomethacin 25 mg bid produced immediate and complete relief. The headaches were sharp, unilateral, localized to the temporal region, and associated with lacrimation, nasal congestion, and photophobia. They occurred several times a day for 3 to 4 weeks, sometimes early morning, and lasted 10 minutes to 1 to 2 hours. Clusters were followed by a 2- to 3-week headache-free period. Trials of propranolol, amitriptyline, and biofeedback were unsuccessful. (D'Cruz OF. Cluster headaches in childhood. Clin Pediatr April 1994;33:241-242). (Respond: Dr D'Cruz, Univ of N Carolina, Burnett-Womack Bldg, CB #7025, Chapel Hill, NC 27599).

COMMENT. Cluster headaches are rare in children and are frequently atypical. Although remarkably effective in the two patients reported, indomethacin toxicity may limit chronic usage. Dietary factors in etiology might be considered.

MOOD AND COGNITIVE DISORDERS

DYSTHYMIA AND MAJOR DEPRESSIVE DISORDERS COMPARED

Clinical presentation, course, and outcome of childhood-onset dysthymic disorder (DD) in 55 school-age referrals were compared with a group of 60 youngsters whose first affective episode was major depressive disorder (MDD) in a prospective 3- to 12-year study at Psychiatric Departments of the University of Pittsburgh, Western Psychiatric Institute, University of California at San Diego, and Harvard Medical School. Dysthymic disorder was associated with earlier age at onset than MDD, similarly frequent symptoms of feeling unloved, friendless, irritability, anger, and self-deprecation, but relatively low rates of anhedonia (5% cf 70%), guilt (13% cf 30%), social withdrawal (8% cf 50%), impaired concentration (40% cf 67%), loss of appetite (5% cf 47%), insomnia (22% cf 62%), somatic complaints (36% cf 67%) and fatigue (22% cf 64%). Risk of affective disorders, including first-episode MDD (76%) and bipolar disorder (13%), was greater among dysthymic patients. After the first episode of MDD complicating DD, the clinical course of DD was similar to MDD in rates of recurrent major depression and bipolar disorder. In dysthymic children with subsequent MDD, the first episode of MDD is the "gateway" to recurrent affective illness. (Kovacs M et al. Childhood-onset dysthymic disorder. Clinical features and prospective naturalistic outcome. Arch Gen Psychiatry May 1994;51:365-374). (Reprints: Dr Kovacs, Western Psychiatric Institute and Clinic, 3811 O'Hara St, Pittsburgh, PA 15213).