

continued to take stimulant medication as young adults had no more crashes than a control group. Counselling of ADHD patients and their parents regarding risks of driving and increased potential for crashes and injuries is important. The authors suggest that clinicians may wish to consider continued therapy with methylphenidate in adolescents with severe ADHD in the hope of reducing the risk of driving injuries.

SEIZURE DISORDERS

PROGNOSIS OF 'LENGTHY' FEBRILE CONVULSIONS

The outcome of children with status epilepticus (afebrile seizure >30 min) or lengthy febrile convulsions (>30 min) is reported by a British population based cohort study group that followed 16004 neonatal survivors born in one week in 1970 and assessed them after 5 and 10 years. Febrile convulsions (FC) in 398 children were lengthy in 19 (4.8%). Children with lengthy FC had a greater risk of afebrile seizures than those with FC <30 min (4/19 [21%] v 13/379 [3.4%]), but the rate was lower than in the status group (14/17 [82%]) and none died. Of 84 children with afebrile seizures, 18 (21%) had status epilepticus, and 2 died: one of cerebellar tumor hemorrhage and the other as a result of encephalitis and pneumonia. Neither death was directly due to status epilepticus. In 10 of 33 survivors of lengthy FC or status, measures of IQ were abnormal but 8 had preceding developmental delay or neurologic abnormality. (Verity CM, Ross EM, Golding J. Outcome of childhood status epilepticus and lengthy febrile convulsions: findings of national cohort study. *BMJ* 24 July 1993;307:225-228). (Respond: Dr CM Verity, Department of Paediatrics, Addenbrooke's Hospital, Cambridge CB2 2QQ, UK).

COMMENT. This population based study gives a more optimistic outcome of lengthy febrile convulsions and status epilepticus than hospital based studies. A poor outcome was determined more by the underlying cause than the seizure itself. In a prospective study of 110 patients with febrile seizures followed for up to 2 years, the incidence of afebrile seizures and of EEG seizure discharges was significantly greater in patients with 'prolonged' febrile seizures >20 min than in those with short seizures <20 min. (Millichap JG et al. *Neurology* 1960;10:643). Both duration of the seizure and the EEG were predictive of outcome.

Pavone L, Galli V et al, Universities of Catania and Modena, Italy, report a follow-up study of 204 children who suffered febrile (FS) and afebrile seizures (AFS) within a 12 month period. . EEG specific abnormalities found in 69 (33%) were associated with AFS recurrences in 94%. EEG seizure discharges were predictive of further AFS. (*Child's Nerv Syst* June 1993;9:154-156).