seizures (GTCS). Patients with absence seizures not complicated by GTCS had long episodes of 2-4 Hz spike-and-slow wave discharges (more than 10 seconds). Posterior delta rhythms occurred only in patients with pure uncomplicated absence whereas focal abnormalities were predictive of GTCS complication. There was no correlation between poly spike and slow wave and the development of GTCS. Brief episodes of 2-4 Hz spike-and-slow wave (less than 10 seconds) were predictive of a two-fold increased risk of GTCS. GTCS appeared in spite of a normalized EEG in seven of 14 patients. Favorable seizure control was correlated with the normalization of EEG but a normal EEG was no guarantee that GTCS would not develop. (Hedstrom A, Olsson I. Epidemiology of absence epilepsy: EEG findings and their predictive value. Pediatr Neurol March/April 1991; 7:100-4).

COMMENT. This study demonstrates the predictive value of the EEG in prognosis of absence epilepsy. Posterior delta rhythm and long episodes of spike-and-wave with clinical correlates favor a good prognosis whereas brief spike-and-wave discharges without clinical correlates increase the risk of future generalized tonic-clonic seizures.

LEARNING DISABILITIES

ATTENTION DEFICIT DISORDER (ADD): METHYLPHENIDATE TREATMENT

The clinical response to three dose levels of methylphenidate (5, 10, and 15 mg BID) in 23 children with ADD+H and 17 children with ADD-H is reported from the Department of Psychiatry, University of Massachusetts Medical Center, Worcester, MA. Both groups of children with ADD showed significant improvements in behavior, inattention, self-control, and academic performance. A low dose was as effective as the moderate or high doses in changing the behavior at school but moderate to high doses were needed to produce improved behavior at home and better task performance on the clinic assessment battery. The greatest effect of medication on the ADD-H group occurred at the low dose. In contrast, the drug effect for the ADD+H group was linear, improving with each dose increase. In subsequent clinical recommendations drug treatment was prescribed more often in the hyperactive group (71% of children) than in those without hyperactivity (24%). Children with ADD+H were rated as having more pervasive behavioral problems than the children with ADD-H. Children with ADD+H were impaired in behavioral inhibition and vigilance whereas children with ADD-H were more impaired in the retrieval of verbally learned material. (Barkley RA et al. Attention deficit disorder with and without hyperactivity: Clinical response to three dose levels of methylphenidate. Pediatrics April 1991; 87:519-531).

COMMENT. This study confirms previous reports that the most active children with ADDH respond better to methylphenidate than those with minimal hyperactivity. (Millichap JG. Learning Disabilities and Related Disorders. Yearbook Publishers, Chicago. 1977).