

COMMENT. NF-1 can be associated with macrocephaly and learning disabilities, possibly related to a delay in developmental apoptosis and appropriate neuronal connections.

The value of the NIH criteria for diagnosis of NF-1 in early childhood was examined in 1893 patients from the International Database and reported from the University of British Columbia, Vancouver, Canada. (DeBella K, Szudek J, Friedman JM. Pediatrics March 2000;105:608-614). The diagnosis is not always apparent in the first few years of life. The frequency of NF1 cases meeting the NIH Diagnostic Criteria by 1 year of age, 8 years, and 20 years, is 46%, 97%, and 100%, respectively. Cafe-au-lait macules, axillary freckling, Lisch nodules, and neurofibromas appear in that order. Patients with optic glioma are usually diagnosed by 3 years, and osseous lesions appear within the first year.

ATTENTION DEFICIT DISORDERS

CORPUS CALLOSUM IN ADHD CHILDREN AND THEIR SIBLINGS

The global brain size and a midline area of corpus callosum were measured by MRI in 15 boys with ADHD (mean age 10 years) and compared with 15 healthy male siblings of children with ADHD of the same age. No significant differences occurred in the two groups, nor when compared to unaffected siblings of ADHD children. Development and size of the corpus callosum should not be used as a marker for ADHD. (Overmeyer S, Simmons A, Santosh J et al. Corpus callosum may be similar in children with ADHD and siblings of children with ADHD. Dev Med Child Neurol Jan 2000;42:8-13). Respond: S Overmeyer MD, Department of Child and Adolescent Psychiatry, Friedrich-Schiller-University, Philosophenweg 3-5, D-07740 Jena, Germany).

COMMENT. No differences are found between the corpus callosum size in ADHD children and their siblings, suggesting that corpus callosum changes reported in groups of ADHD patients are not responsible for the phenotypic expression of the syndrome. Previous studies have shown a smaller splenial area of the corpus callosum in ADHD children compared to normal controls. Also, a smaller total cerebral volume, a loss of the normal right>left asymmetry in the caudate nucleus, smaller right globus pallidus, smaller right anterior frontal region, smaller cerebellum, and reversal of the normal (L>R) lateral ventricular asymmetry. (see Progress in Pediatric Neurology III, PNB Publ, 1997;pp212-3).

PERSISTENT MOTOR DEFICITS IN DAMP

Motor control in ability to perform everyday and spare-time activities was assessed at 11 to 12 years of age in 10 boys with deficits in attention, motor control and perception (DAMP) and compared with a group of 20 boys without DAMP. The study group had been diagnosed with DAMP at 5 to 8 years of age. Individually, the boys with DAMP had a significantly higher total score on a Movement Assessment Battery, indicating poor motor performance, than the boys without DAMP (p<.001). None participated in team sports, and their choice of everyday and spare-time activities were different from normal. No improvement in motor control with age was observed in boys with DAMP. (Christiansen AS. Persisting motor control problems in 11- to 12-year-old boys previously diagnosed with deficits in attention, motor control and perception (DAMP). Dev Med Child Neurol Jan 2000;42:4-7). (Respond: Annette S Christiansen, Physiotherapist, Institute for Health

Science, University of Arhus, Majvej 3, DK 8210 Arhus V, Denmark).

COMMENT. DAMP is a diagnostic term used predominantly in Scandinavia to describe the signs of minimal brain dysfunction that are frequently found in children with ADHD and that overlap with the developmental coordination disorder (DCD) listed in the US DSM-IV. This study demonstrates the importance of the neurologic examination in children with ADHD, so that therapeutic intervention with occupational and physical therapy can be instituted at an early age. The "clumsy" child with ADHD has low self esteem, unless appropriate physical education activities and counseling are recommended early.

COMORBIDITY OF ADHD WITH BIPOLAR DISORDER

The age at onset of affective illness in 56 adults with a history of bipolar disorder was studied in relation to attention deficit hyperactivity disorder (ADHD) in childhood, at the Massachusetts General Hospital, Boston, MA. The age at onset of the first affective episode was lower in the 8 subjects with bipolar disorder and a history of childhood ADHD (mean 12.1 years) than for 8 subjects without a history of childhood ADHD (mean 20 years). (Sachs GS, Baldassano CF, Truman CJ, Guille C. Comorbidity of attention deficit hyperactivity disorder with early- and late-onset bipolar disease. Am J Psychiatry March 2000;157:466-468). (Reprints: Dr Sachs, Massachusetts General Hospital, WACC 812, 15 Parkman Street, Boston, MA 02114).

COMMENT. ADHD in children of adults with bipolar disorder might be a risk factor for the early development of bipolar disorder.

PARENT/TEACHER CONCORDANCE FOR DIAGNOSIS OF ADHD

The concordance between parent and teacher reports of DSM-IV attention deficit hyperactivity disorder (ADHD) and its symptoms was studied in 74 clinically referred children examined at Queens College, the City University of New York, and Mount Sinai School of Medicine, New York. Agreement between parents and teachers on structured diagnostic interview regarding diagnoses of ADHD is poor, and with no agreement for ADHD subtypes. Diagnosis based on either parent or teacher reports was positive for either inattentive or hyperactive-impulsive subtypes, but when both reports were used, most cases met only the criteria for ADHD combined type. Parent reports of behavior in school were more highly correlated with their child's behavior at home than with teacher reports of the child's behavior in school. (Mitsis EM, McKay KE, Schulz KP, Newcorn JH, Halperin JM. Parent-teacher concordance for DSM-IV attention-deficit/hyperactivity disorder in a clinic-referred sample. J Am Acad Child Adolesc Psychiatry March 2000;39:308-313). (Dr Halperin, Department of Psychology, Queens College, 65-30 Kissena Blvd, Flushing, NY 11367).

COMMENT. Both teacher and parent questionnaires should be obtained for the diagnosis of ADHD subtypes, and one or other report alone is insufficiently reliable.

A family study perspective of DSM-IV ADHD subtypes showed that rates of ADHD among relatives of each subtype group were greater than rates among relatives of controls. Rates were not significantly higher among relatives of combined-typed probands compared to relatives of other probands. The subtype of the relative was not always the same as that of the proband, but hyperactive-impulsive ADHD was found almost exclusively among relatives of hyperactive-impulsive probands. The clinical differences among subtypes may be attributed to