COMMENT. The authors recommend guanfacine as a safe alternative to stimulants and without the hypotensive or sedative effects of clonidine in the treatment of ADHD complicated by Tourette's syndrome.

Risperidone, a neuroleptic with both serotonin- and dopamine-blocking properties, reduced tic frequency and intensity in seven children and adolescents with Tourette's syndrome and chronic motor tic disorders. Weight gain was the most frequent side effect. (Lombroso PJ et al. Risperidone treatment of children and adolescents with chronic tic disorders: a preliminary report. J Am Acad Child Adolesc Psychiatry September 1995;34:1147-1152).

ATTENTION DEFICIT DISORDERS

METHYLPHENIDATE WITHOUT SLEEP PROBLEMS

The effects of methylphenidate (MPH) administered at 4 PM on behavior and sleep in 12 child psychiatric inpatients with ADHD were evaluated in a double-blind, crossover study at the Division of Child and Adolescent Psychiatry, Long Island Jewish Medical Center, New Hyde Park, NY. Early morning and noon doses of MPH were continued through the study period. MPH in 10 and 15 mg doses administered at 4 PM for 12 consecutive days improved evening behavior without altering sleep latencies. The average time to sleep onset in treated and control groups was 49 minutes. Sleep adequacy was improved after 10 mg MPH doses compared to 15 mg MPH and placebo nights. The child seemed tired after waking more often after 15 mg MPH and placebo than on nights after 10 mg MPH. Ten of 12 patients lost an average of 1.2 kg weight, but dinner intake was not altered by the 4 PM dose of MPH. (Kent JD, Blader JC et al. Effects of late-afternoon methylphenidate administration on behavior and sleep in attention-deficit hyperactivity disorder. Pediatrics August 1995;96:320-325). (Reprints: Joseph C Blader PhD, Room SCH 416, Schneider Children's Hospital, Long Island Jewish Medical Center, New Hyde Park, NY 11042).

COMMENT. The authors recommend three daily doses of MPH in patients who show a beneficial response to two doses at school but who are hyperactive and disruptive at home in the evening. However, they caution that the study was performed at an inpatient setting, the analysis did not exclude possible adverse sleep effects in some individual patients, and the third dose did result in significant weight loss. The effects in outpatients may be different and insomnia and anorexia may require dosage modification. If well tolerated, a third dose of MPH may benefit homework compliance, bedtime habits, and family relations.

SEIZURE DISORDERS

ASYMMETRIC INFANTILE SPASMS

Behavioral and EEG asymmetry and asynchrony of 8,680 infantile spasms were analysed in a review of 75 consecutive video-EEG recordings performed at UCLA Medical Center, Los Angeles from 1982 to 1992. Asymmetry occurred in 25% and asynchrony in 7% of recorded spasms. The seizure EEG discharge was usually contralateral to the clinically involved side. In 12 of 60

patients (20%), more than 50% of recorded spasms were asymmetric or asynchronous. This group of patients showed the most frequent structural and functional brain abnormalities involving the contralateral central region detected by EEG, MRI, PET, and neurological examination. Partial seizures with lateralized motor behavior occurred in 50% of this group compared to only 9% of patients showing asymmetry-asynchrony in less than one third of spasms. Partial seizures were associated with clusters of infantile spasms in 35% of the children in the study. (Gaily EK et al. Asymmetric and asynchronous infantile spasms. Epilepsia Aug/Sept 1995;36:873-882). (Reprints: Dr EK Gaily, Department of Child Neurology, University of Helsinki, Children's Castle Hospital, Lastenlinnantie 2, SF-00250 Helsinki, Finland).

> COMMENT. The authors suggest that this combination of asymmetric and/or asynchronous infantile spasms, partial motor seizures involving the same side of the body, and contralateral central region pathology may represent a previously undescribed and unique subset of symptomatic age-specific localization-related infantile epilepsy. The findings support the hypothesis that infantile spasms are generated by the cerebral cortex and the primary sensorimotor cortex is involved in asymmetric and asynchronous spasms.

PREVALENCE OF EPILEPSY IN 10-YEAR-OLDS

The prevalence of epilepsy and seizure types among 10-year-old children in metropolitan Atlanta were ascertained from EEG laboratories and other sources and reported from the Centers for Public Health Research, Battelle; Division of Birth Defects, Center for Disease Control and Prevention; and Children's Epilepsy Center, Scottish Rite Children's Medical Center, Atlanta, GA. For the 538 patients identified, the lifetime prevalence of childhood epilepsy was 6 per 1000 10-year-old children. Boys outnumbered girls, especially among black children. Partial and secondarily generalized seizures accounted for 58% and generalized seizures for 35%. Coexisting developmental disabilities affected 35%. Mental retardation occurred in 30% of whom two thirds were severely retarded, cerebral palsy in 18%, visual impairment in 5%, and hearing impairment in 2%. Forty percent had a first seizure before 2 years of age and 55% before 4 years. (Murphy CC et al. Prevalence of epilepsy and epileptic seizures in 10-year-old children: Results from the Metropolitan Atlanta developmental disabilities study. Epilepsia Aug/Sept 1995;36:866-872). (Reprints: Dr CC Murphy, Centers for Disease Control and Prevention, Division of Birth Defects and Developmental Disabilities, 4770 Buford Highway, Mailstop F-15, Atlanta, GA 30341).

> COMMENT. A higher rate for epilepsy of 9.8 per 1000 children <15 years found by Hauser WA, (1994) in Rochester, MN was thought to reflect a more complete case ascertainment in a well-defined stable population. Children with milder forms of epilepsy and those no longer under medical care may have been missed in the Atlanta study. Prevalence rates for active epilepsy may be lower than rates for lifetime prevalence.

IDIOPATHIC GENERALIZED EPILEPSY SYNDROMES

The clinical features of 101 patients with idiopathic generalized epilepsy beginning in adolescence were studied by standardized interview at the Department of Neurology, Austin Hospital, and the Department of Medicine,