

SUGAR AND AGGRESSIVE AND INATTENTIVE BEHAVIOR

The effect of a sucrose challenge on aggressive behavior and sustained attention in a sample of young hyperactive boys and age-matched control subjects was studied at the Schneider Children's Hospital, Long Island Jewish Medical Center, New York, and Albert Einstein College of Medicine, Bronx, New York. The index group met DSM-III criteria for ADD-H and oppositional disorder as determined by interviews using the diagnostic interview for children and adolescents. They also scored at least 14 or above on the hyperkinesis index of parent and teacher revised questionnaires. Baseline testing was followed by a breakfast containing 8 oz of an orange colored and flavored drink containing either 35 g of sucrose or adjusted to equal sweetness with either saccharine (175 mg) or aspartame (175 mg). The sugar and placebo challenges were given with a breakfast high in carbohydrate. There were no significant effects of sugar or placebo on the aggressive behavior of either group. Inattention measured by a continuous performance task increased in the ADD-H group following sugar, but not with saccharine or aspartame control. (Wender EH, Solanto MV. Effects of sugar on aggressive and inattentive behavior in children with attention deficit disorder with hyperactivity and normal children. Pediatrics Nov 1991; 88:960-966.) (Reprints: Dr. Wender, Schneider Children's Hospital, New Hyde Park, NY 11042.)

COMMENT. A deterioration in attention following sugar ingestion has been reported in one other study by Connors et al. in which sugar was administered with a high carbohydrate breakfast. When a negative effect was observed in 3 other studies the sugar was given either in a fasting state or with a protein breakfast. Further studies are indicated.

HEAD SIZE, IQ AND BIRTH WEIGHT

Head growth and IQ were correlated at ages 2, 5 and 8 years in children grouped according to birth weight in the Departments of Obstetrics and Gynecology and Pediatrics, University of Melbourne, Australia, and the Royal Women's Hospital, Melbourne. All children were white and with no signs of moderate or severe cerebral palsy. Using the National Center for Health Statistics reference values more group 1 children (birth weight 500-999 g) than group 2 children (birth weight 1,000-1,499 g) were below the 10th percentile at ages 2 and 8 years. Using the Nellhaus standards the difference between groups 1 and 2 was not significant and head growth appeared to be satisfactory at age 2 years. Comparing group 3 (birth weight greater than 2,500 g) with groups 1 and 2 combined, fewer of the group 3 children were below the 10th percentile at both ages 2 and 8 years using the NCHS reference and at age 8 years using the Nellhaus data. The heads of very low birth weight children were progressively narrower but not longer than those of normal birth weight children. Dolichocephaly was unrelated to IQ and the correction of occipitofrontal circumference for dolichocephaly was rarely of clinical importance. Occipitofrontal circumference best correlated with the full scale IQ on the Wechsler Intelligence Scale for Children-Revised. At age 8 years the Wechsler IQ was significantly related to the OFC ratio in both