

COMMENT. Medication overuse headache is associated with persistent orbitofrontal (OFC) hypometabolism, while other cerebral areas show reversible metabolic changes. The authors speculate that hypoactivity in the OFC favors abuse of pain medication and predisposes the patient to relapse of medication overuse headache.

Analgesic overuse among adolescents with headache was studied in Norway from 1995-1997 (The Head-HUNT-Youth study) (Dyb G, Holmen TL, Zwart J-A. **Neurology** Jan (2 of 2) 2006;66:198-201). The prevalence of daily analgesic overuse headache was 0.5%; in girls 0.8% and boys 0.2%. The association between analgesic use and daily headache occurred with all headache categories, but was most pronounced for migraine and less for tension-type headache. Analgesic use and headache frequency showed a significant linear relationship.

## ATTENTION DEFICIT HYPERACTIVITY DISORDERS

### YOUNG ADULT OUTCOME OF HYPERACTIVE CHILDREN

Adaptive functioning of 149 hyperactive (H group) and 72 control children (CC group) in Milwaukee, Wisconsin, followed for at least 13 years to young adulthood (mean 20 years, range 19-25), was evaluated by interviews with participants, employer ratings, and high school records, and reported by researchers from Medical University of South Carolina, Charleston; Medical College of Wisconsin, Milwaukee; and University of Massachusetts Medical School, Worcester. The H group of CC had lower educational attainment, 32% failing to complete high school; more ADHD and ODD symptoms; lower job performance; fewer close friends and more social problems; were more likely to become parents (38% vs 4%); and had greater frequency of sexually transmitted disease (16% vs 4%). Conduct disorder in H subjects was predictive of failure to graduate, earlier sexual intercourse, and early parenthood, and ADHD and ODD were predictive of poor job performance and risk of being fired. (Barkley RA, Fischer M, Smallish L, Fletcher K. Young adult outcome of hyperactive children: adaptive functioning in major life activities. **J Am Acad Child Adolesc Psychiatry** February 2006;45:192-202). (Reprints: Dr Barkley, 1752 Greenspoint Court, Mt Pleasant, SC 29466).

COMMENT. The details of treatment of the hyperactive group are not available, but only a small percentage was taking stimulant or other psychiatric medication (8.1% of H group and 1.3% of CC). The H group also had a significantly lower IQ screening score than the CC subjects, both at study entry and at follow-up. Both of these factors could have accounted in part for the reported poor prognosis of the hyperactive group. The later complications listed with hyperactive behavior and ADHD emphasize the importance of early treatment intervention, early vocational assessment and job preparation, counseling on contraception, in addition to the medical management. The frequent lack of focus on appropriate vocational interests in adolescence may contribute to the poor job performance and outcome in adulthood.

Pharmacological differences in tolerability or ADHD symptom response were negligible in a trial of atomoxetine in children and adolescents. (Wilens TE et al. **J Am Acad Child Adolesc Psychiatry** Feb 2006;45:149-157).