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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