

disorder: an etiologic perspective. Am J Psychiatry November 1995;152:1646-1651). (Reprints: Mr Larry Burd, Medical Center Rehabilitation Hospital, 1300 South Columbia Rd, Grand Forks, ND 58202).

COMMENT. The authors have previously published case-reports of patients with comorbid Tourette's disorder and bipolar disorder, some with early histories of attention deficit hyperactivity disorder. The frequency and intensity of motor and vocal tics were positively correlated with manic symptoms and inversely with depressive symptoms. Noradrenergic, dopaminergic, and serotonergic mechanisms have been invoked in all three disorders.

ATTENTION DEFICIT AND BEHAVIOR DISORDERS

ATTITUDES OF PEDIATRICIANS TO ADHD DIAGNOSIS

Pediatricians' perceptions of ADD and ADHD diagnosis, child and family communication concerning diagnosis and treatment, and treatment issues were examined in a cross-sectional survey involving 380 members of the American Academy of Pediatrics and conducted by the Department of Psychology, University of California-Riverside and Loma Linda University Medical Center, CA. Two thirds of respondents enjoyed treating children with ADD/ADHD, but 40% complained of the time involved, and 87% obtained inadequate insurance compensation. Only 18% were likely to refer patients with ADHD to other specialists, including psychiatrists, psychologists, social workers, educators, or neurologists. Most found schools cooperative in providing information of help in diagnosis and in administering medications. The relative frequencies of medications prescribed were as follows: methylphenidate 98%, slow-release methylphenidate 80%, pemoline (Cylert) 51%, amphetamines 27%, clonidine 6%, and tricyclics 4%. Medications were given daily (57%), weekdays only (44%), and during school year only (60%). Side effects reported by parents included: insomnia (18%), change in mood or affect (15%), headaches (10%). Parental views of ADHD included: diet related (20%), due to poor discipline (10%), poor parenting (12%), classroom inadequacies (21%), boredom at school (13%), medicine is addicting (49%), medicine makes child zombielike (19%), and drugs inhibit growth (8%). (Kwasman A et al. Pediatricians' knowledge and attitudes concerning diagnosis and treatment of attention deficit and hyperactivity disorders. A national survey approach. Arch Pediatr Adolesc Med Nov 1995;149:1211-1216). (Reprints: Dr Tinsley, Department of Psychology, University of California, Riverside, CA 92521).

COMMENT. The authors recommend further studies to elucidate relationships among pediatrician, parent, and patient beliefs about ADD/ADHD diagnosis and treatment. The low pediatrician referral rate to other specialists in the field might be explained in part by 50% of parents having consulted a psychologist before requesting medical treatment. The lack of educational testing in 50% of patients before receiving medication was disturbing, since many have associated learning disabilities. The pediatricians' attitudes and knowledge of comorbid psychiatric and neurologic disorders and their management would have been of interest, since only 18% referred patients to other specialists.