

(2 of 2) 2001;57:1383-1388). (Reprints: Dr R Kurlan, Department of Neurology, University of Rochester School of Medicine and Dentistry, 601 Elmwood Ave, Box 673, Rochester, NY 14642).

COMMENT. This represents a further publication in a long series of studies of tic disorders and Tourette syndrome conducted at the University of Rochester and involving school children in Monroe County. The observed prevalence of tics among children attending regular classes in the present study (18.5%) is higher than that previously quoted in the literature (4 to 16%), but the prevalence (27%) among children in special education is similar (26%) to a study cited by Robertson MM (Brain 2000;123:425-462). Comparing a group of 35 children in special education with 35 in regular classes, the incidence of tics was 26% and 6%, respectively. Although the authors of the Rochester study state that only a small number of subjects took medication on the day of the interview, it is noteworthy that 30% of SpEd students were under treatment with stimulant medication and presumably were diagnosed with ADHD. Despite recent studies that minimize an association (Law SF, Schachar RJ. J Am Acad Child Adolesc Psychiatry 1999;38:944-951; Ped Neur Briefs Aug 1999;13:57-58), our experience and earlier studies have shown that stimulant therapy for ADHD may precipitate tics in susceptible children, and the effect is dose-related (Borcherding BG et al. Psychiatry Res 1990;33:83-94; Tanner CM, Goldman SM. Neurol Clin 1997;15:395-402). Furthermore, tics and Tourette syndrome received no or only passing mention in neurological literature and textbooks until the use of stimulants became popular in the 1960s. (Millichap JG. Tics and Tourette syndrome. In Attention Deficit Hyperactivity and Learning Disabilities. PNB Publishers, 2001). It is prudent to monitor for tics during treatment of ADHD with stimulants.

### **HYPOTHYROIDISM, MOTOR CLUMSINESS, AND ADHD**

The behavioral characteristics of 63 children with early-treated congenital hypothyroidism (CH) were evaluated by parent and teacher ratings and compared to 34 healthy controls (ages 7.5-9.5 yrs) at the University of Jyväskylä, Finland. Children with CH, especially those with thyroid agenesis, were more introverted, insecure, and isolated, and showed more motor clumsiness, rather than social negativity and inattention. Children with thyroid agenesis were clumsier than those with thyroid dysgenesis. It is suggested that the motor problems contribute to the introverted behavior. The more severe the thyroid deficiency, the greater probability for behavior problems. The lack of effect on attention challenges claims of an association between ADHD and thyroid dysfunction. (Kooistra L, Stemerink N, van der Meere J, et al. Behavioral correlates of early-treated congenital hypothyroidism. Acta Paediatr Oct 2001;90:1141-1146). (Respond: Dr Libbe Kooistra, Research Institute for Olympic Sports, University of Jyväskylä, University Campus, Rautpohjankatu 6, FIN-40700 Jyväskylä, Finland).

COMMENT. Early-treated congenital hypothyroidism is associated with introverted behavior and motor clumsiness, and not inattention, impulsivity, and hyperactivity, the core symptoms of ADHD.

### **SEIZURE DISORDERS**

#### **VIDEO-EEG IN INFANTILE SPASMS**

Early electroclinical manifestations and treatment responses were evaluated by video-EEG in 44 infants with infantile spasms. Mean ages at onset and at first video-EEG were 5.3 and 5.9 months, respectively. Etiology was cryptogenic