

(Aaby P et al. BMJ 19 August 1995;311:481-5). Analysis of mortality studies from developing countries showed that protective efficacy against death after measles immunization ranged from 30% to 86%, much higher than the proportion of deaths that could be attributed to acute measles. DTP and polio vaccinations were not associated with mortality reduction. The prevention of measles did not explain the reduced mortality among immunized children. Child survival might benefit from standard titre measles immunization before 9 months of age and by reimmunization.

MOVEMENT DISORDERS

TIC DISORDERS AND TOURETTE'S SYNDROME

The relationship between Tourette's syndrome (TS) and chronic tic disorder was evaluated in 71 unselected children referred for psychopharmacological treatment at the Massachusetts General Hospital, Boston. Children with TS (32) and chronic tics (39) differed from controls in rates of comorbid psychiatric disorders including ADHD, obsessive-compulsive disorder, mood disorders (depression, bipolarity), antisocial disorders (conduct and oppositional defiant disorder), and anxiety disorders. Both TS and chronic tic groups also suffered from cognitive impairments, lowered academic achievement (WRAT arithmetic), arithmetic learning disabilities, and school dysfunction. TS patients differed from tic disorder patients in the significantly higher rates of obsessive-compulsive disorder, oppositional defiant disorder, and simple phobia. TS and chronic tic disorder are related disease entities, with TS being a more severe form of tic disorder. (Spencer T, Biederman J et al. The relationship between tic disorders and Tourette's syndrome revisited. J Am Acad Child Adolesc Psychiatry September 1995;34:1133-1139). (Reprints: Dr Spencer, Psychopharmacology Unit (ACC-725), Massachusetts General Hospital, Fruit Street, Boston, MA 02114).

COMMENT. These findings are consistent with genetic studies showing that the TS gene is variably expressed as TS, transient tic disorders, or chronic tics. Comorbidity with ADHD, occurring in 50% of TS patients, is reported to cause more disability than the motor tics. The comorbidity with anxiety and mood disorders including mania affects the course, treatment, and outcome of tic disorders.

GUANFACINE IN COMORBID ADHD & TOURETTE'S SYNDROME

An open-label study of guanfacine (1.5 mg/d), an a-adrenergic agonist, in 10 children with TS + ADHD, aged 8 to 16 years, was reported from the Yale University School of Medicine, New Haven, CT, and Johns Hopkins Medical Institutions, Baltimore, MD. At 4 to 20 weeks follow-up, significant decreases were observed in commission errors and omission errors on Continuous Performance Tests, and the severity of motor and phonic tics was also decreased. Side effects occurred in all patients and included transient fatigue, headaches, insomnia, and sedation. (Chappell PB, Riddle MA et al. Guanfacine treatment of comorbid attention-deficit hyperactivity disorder and Tourette's syndrome: preliminary clinical experience. J Am Acad Child Adolesc Psychiatry September 1995;34:1140-1146). (Reprints: Dr Chappell, Pfizer, Building 200, Eastern Point Road, Groton, CT 06340).