

AEDs. Controlled studies are needed to identify risk factors for AED-induced cognitive and behavioral disorders in children treated for epilepsy.

Bourgeois BFD, the author of the above review, also summarizes the indications, pharmacokinetics, and side effects of the newer antiepileptic drugs, felbamate, gabapentin, lamotrigine, tiagabine, vigabatrin, and oxcarbazepine (Arch Neurol Sept 1998;55:1181-1183).

Clobazam Efficacy. Clobazam (CLB) has equivalent efficacy to carbamazepine and phenytoin as monotherapy for childhood epilepsy, according to a report by a Canadian Study Group for Childhood Epilepsy (Camfield P et al. Epilepsia 1998;39:952-959). The authors conclude that CLB should be considered a first line monotherapy for partial and selected generalized childhood epilepsies.

Lamotrigine Monotherapy for Partial Seizures. A controlled multicenter trial of lamotrigine (LTG) monotherapy compared to valproate (VPA) for partial seizures in adults found 56% successfully maintained on LTG compared to 20% on VPA. (Gilliam F, Vazquez B, Sackellares JC et al. An active-control trial of lamotrigine monotherapy for partial seizures. Neurology Oct 1998;51:1018-1025).

HEADACHE DISORDERS

HEADACHE CHARACTERISTICS WITH BRAIN TUMORS

The incidence and clinical features of headache in 60 children, aged 5 to 18 years, with brain tumors were determined and compared to the pattern of primary headaches in 50 children (migraine without aura (25) and tension-type headaches (25)), in a study at the University of Padua, Italy. In the group with brain tumors (supratentorial in 17 and infratentorial in 43), headache was the first symptom in 27% and the only presenting feature in 10%. Mean time interval from onset of headache to diagnosis of tumor was 3 months for infratentorial and 17 months for supratentorial tumors. The incidence of headache was significantly higher in patients with infratentorial tumors (91%) than with supratentorial tumors (59%). Tumor histology and specific localization showed no correlation with headache patterns. Compared to primary, migraine and tension headaches, secondary tumor headaches were associated with a significantly higher incidence of projectile vomiting (51% v 22%), nocturnal or morning onset (47% v 18%), lack of triggering factors (73% v 22%), and failure of relieving factors such as rest and sleep (77% v 20%). Nausea, photophobia, and phonophobia were infrequent symptoms with brain tumors. (Battistella PA, Naccarella C, Soriani S, Perilongo G. Headache and brain tumors: different features versus primary forms in juvenile patients. Headache Q 1998;9:245-248). (Reprints: PA Battistella MD, Department of Pediatrics, University of Padua, via Giustinani 3, Padova 35128, Italy).

COMMENT. The distinctive features of brain tumor-related headaches include morning or nightly onset, projectile vomiting, and lack of triggering or relieving factors. Although brain tumor is an infrequent cause of childhood headache, in patients with headache of recent onset, having these specific features, neuroimaging is warranted. Brain imaging indications in children with headaches are discussed in Progress in Pediatric Neurology III, PNB Publ, 1997;pp185, 167; and vol II, 1994;pp164-6).

HEADACHE AND PSYCHIATRIC DISORDERS

Headaches and psychopathology were evaluated in 1013 children, aged 9 to 15 years, enrolled in the Great Smoky Mountains Study, and reported from Duke University Medical Center, Durham, NC. Headaches lasted at least 1 hour and