(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, Grozon, CT 06340).

COMMENT. The authors recommend guanfacine as a safe alternative to stimulants and without the hypotensive or sedative effects of clonidine in the treatment of ADHD complicated by Tourette's syndrome.

Risperidone, a neuroleptic with both serotonin- and dopamine-blocking properties, reduced tic frequency and intensity in seven children and adolescents with Tourette's syndrome and chronic motor tic disorders. Weight gain was the most frequent side effect. (Lombroso PJ et al. Risperidone treatment of children and adolescents with chronic tic disorders: a preliminary report. J Am Acad Child Adolesc Psychiatry September 1995;34:1147-1152).

ATTENTION DEFICIT DISORDERS

METHYLPHENIDATE WITHOUT SLEEP PROBLEMS

The effects of methylphenidate (MPH) administered at 4 PM on behavior and sleep in 12 child psychiatric inpatients with ADHD were evaluated in a double-blind, crossover study at the Division of Child and Adolescent Psychiatry, Long Island Jewish Medical Center, New Hyde Park, NY. Early morning and noon doses of MPH were continued through the study period. MPH in 10 and 15 mg doses administered at 4 PM for 12 consecutive days improved evening behavior without altering sleep latencies. The average time to sleep onset in treated and control groups was 49 minutes. Sleep adequacy was improved after 10 mg MPH doses compared to 15 mg MPH and placebo nights. The child seemed tired after waking more often after 15 mg MPH and placebo than on nights after 10 mg MPH. Ten of 12 patients lost an average of 1.2 kg weight, but dinner intake was not altered by the 4 PM dose of MPH. (Kent JD, Blader JC et al. Effects of late-afternoon methylphenidate administration on behavior and sleep in attention-deficit hyperactivity disorder. Pediatrics August 1995;96:320-325). (Reprints: Joseph C Blader PhD, Room SCH 416, Schneider Children's Hospital, Long Island Jewish Medical Center, New Hyde Park, NY 11042).

COMMENT. The authors recommend three daily doses of MPH in patients who show a beneficial response to two doses at school but who are hyperactive and disruptive at home in the evening. However, they caution that the study was performed at an inpatient setting, the analysis did not exclude possible adverse sleep effects in some individual patients, and the third dose did result in significant weight loss. The effects in outpatients may be different and insomnia and anorexia may require dosage modification. If well tolerated, a third dose of MPH may benefit homework compliance, bedtime habits, and family relations.

SEIZURE DISORDERS

ASYMMETRIC INFANTILE SPASMS

Behavioral and EEG asymmetry and asynchrony of 8,680 infantile spasms were analysed in a review of 75 consecutive video-EEG recordings performed at UCLA Medical Center, Los Angeles from 1982 to 1992. Asymmetry occurred in 25% and asynchrony in 7% of recorded spasms. The seizure EEG discharge was usually contralateral to the clinically involved side. In 12 of 60