

Paris, France. In the largest family with 11 affected members, a sixth locus for GEFS+ was revealed on chromosome 8p23-p21. A second family was also possibly linked to the same chromosome. The responsible gene has not been identified. Most patients in the 5 families had simple FS (93%) and some had afebrile seizures (34%), mainly generalized tonic clonic or absence seizures. None of the families were linked to previously reported GEFS+ and FS loci. (Baulac S, Gourfinkel-An I, Couarch P, et al. A novel locus for generalized epilepsy with febrile seizures plus in French families. *Arch Neurol* July 2008;65:943-951). (Respond: Stephanie Baulac PhD, INSERM, UMR679, Groupe Hospitalier Pitie-Salpetriere, 47 boulevard de l'hopital, 75013 Paris, France. E-mail: baulac@ccr.jussieu.fr).

COMMENT. GEFS+ is inherited as an autosomal dominant trait with incomplete penetrance, and is characterized by the association of febrile and afebrile seizures. GEFS+ is genetically heterogeneous, and has been linked to chromosome 2q21 (SCN1A), 19q13 (SCN1B), and 5q34 (GABRG2). Links to 2p24 and 21q22 are more recent reports. The above novel locus, the 6th to be identified for GEFS+, is located on chromosome 8p23-p21. Patients with linkage to 8p23-p21 have a high familial FS occurrence, a high rate of recurrence of FS, a tendency to complex FS, and frequent afebrile seizures.

ATTENTION DEFICIT DISORDERS

OBESITY IN CHILDREN UNTREATED FOR ADHD

The prevalence of overweight in children and adolescents with attention-deficit/hyperactivity was determined by cross-sectional analysis of 62,887 children aged 5 to 17 years from the 2003-2004 National Survey of Children's Health, in a study at Brown Medical School, Providence, RI. The prevalence of ADD/ADHD was estimated at 8.8%, and more than half (57%) were treated with medication. Of the total ADHD children, 21% were overweight, 15.5% were at risk of overweight, 6.7% were underweight, and 56.7% were of normal weight. Patients not using medication had -1.5 times the odds of being overweight, and those currently medicated had -1.6 times the odds of being underweight compared to controls without ADHD. The weight status in ADHD children was independent of gender, race, ethnicity, socioeconomic status, or depression or anxiety. Behavior patterns of children with ADHD might put them at increased risk of obesity. (Waring ME, Lapane KL. Overweight in children and adolescents in relation to attention-deficit/hyperactivity disorder: Results from a national sample. *Pediatrics* July 2008;122:e1-e6). (Respond: Molly E Waring MA, Brown Medical School, Department of Community Health, Box G-5121, Providence, RI 02912. E-mail: molly.waring@brown.edu).

COMMENT. This report provides pediatricians with a heightened awareness of an increased risk of obesity in children with ADHD who are unmedicated. Patients with ADHD should be monitored for either weight loss, when medicated, or obesity, when nonmedicated. Obesity as a comorbidity for ADHD has been described previously in the International Jrm of Eating Disorders. These studies were mainly clinical samples whereas the present report concerns a large nationally representative sample of ADHD patients. The findings are important, given the increased awareness of the problem of obesity in children and adolescents.