

surveillance, and increased parental and professional awareness could provide more accurate early detection of LD children.

### **BUSSELTON STUDY OF BEHAVIOR DISORDER PREVENTION**

The long-term follow-up in 1993 of 209 adults, aged 27 to 29 years, who as children were enrolled in the Busselton Population six-year controlled study of prevention of children's behavior disorders is reported from Claremont, Western Australia. Ninety percent of the original cohort responded to a questionnaire detailing their present social situation and habits, educational achievements, and emotional well-being. In the initial Busselton study, 1964-1973, a 20- to 30-minute interview between physician and mother about the preschool child had reduced the incidence of behavioral disturbances at age 6 years. As adults, the study subjects had fewer neurotic symptoms and less depressive symptoms than controls, and more had a university degree. Study women were less obese and smoked less than controls. Behavior patterns noted at 6 years of age after preschool interventional counselling were reflected in the improvements recorded as adults when compared to controls. (Cullen KJ, Cullen AM. Long-term follow-up of the Busselton six-year controlled trial of prevention of children's behavior disorders. J Pediatr July 1996;129:136-9). (Reprints: Dr AM Cullen, 37 Riley Rd, Claremont 6010, Western Australia).

COMMENT. The interviewing and counselling of mothers of preschool children benefits the children's behavior at 6 years of age, and leads to increased emotional well-being and higher academic achievement in adult life. Women were benefited more than men. The decrease in eating problems among study children at 6 years of age were reflected in the lesser incidence of obesity, less anxiety and depressive symptoms, and reduced tendency to smoke in female study subjects. University degrees had been attained by 34% of experimental women compared to 24% of the male subjects and 15% of both male and female controls.

In my ADHD Clinic at Children's Memorial Hospital, Chicago, I am continually impressed and concerned regarding the frequent negative approach of parents to the management of their hyperactive children. The adoption of a positive and gentle parental attitude toward modifying a child's behavior, as promoted in the Busselton study, should be encouraged early in a child's development. The obvious importance of services and expertise of child and family psychologists in County and City Mental Health Programs should be emphasized in Federal, State, and City government.

### **STIMULANT THERAPY FOR BENIGN CHOREA AND ADHD**

A 6-year-old boy with benign familial chorea diagnosed at 1 year and ADHD evaluated and treated with methylphenidate (MPH) at 6 years is reported from the Department of Pediatrics, David Grant Medical Center, Travis Air Force Base, California. After MPH beginning with 2.5 mg BD and gradually increasing to 7.5 mg BD, his attention span, self-control, handwriting, and school performance were benefited as expected, but in addition, the chorea improved and his independent walking skills developed. On drug holidays, the chorea and gait problems regressed. (Friederich RL. Benign hereditary chorea improved on stimulant therapy. Pediatr Neurol May 1996;14:326-27). (Respond: Dr Friedrich, 60 MOS/SGOC, 101 Bodin Circle, Travis AFB, CA 94535).

COMMENT. The author suggests that chorea complicating ADHD should