

low association of ADHD and BPD, probably only 5%, and cautions against the risk of an overdiagnosis and treatment of ADHD as BPD, or as a comorbid disorder.

Mania with pervasive developmental disorder is reported in 14 children, representing 21% of a group of PDD subjects, in a study at the Massachusetts General Hospital (Wozniak J, Biederman J, Faraone SV, et al. J Am Acad Child Adolesc Psychiatry November 1997;36:1552-1559). According to the authors, comorbid mania among patients with PDD may be more common than previously thought.

Symptoms of mania can include an abnormal and persistently elevated, expansive, or irritable mood, hyperactivity, distractibility, inappropriate cheerfulness, excessive talking, and silliness, sleeplessness, agitation, and aggressive outbursts. Adults with manic episodes also engage in inappropriate business ventures, unrestrained buying sprees, and irresponsible credit card debt.

Aggression in boys with ADHD was associated with parent aggressive behavior and lower 5-HT₂ central serotonergic function in a study of 41 boys at Queens College, Flushing, NY. (Halperin JM, Newcorn JH, Kopstein I, et al. Serotonin, aggression, and parental psychopathology in children with attention-deficit hyperactivity disorder. J Am Acad Child Adolesc Psychiatry Oct 1997;36:1391-1398). Serotonergic function was assessed by the prolactin response to fenfluramine challenge.

METHYLPHENIDATE FOR ADHD IN PRESCHOOLERS

The effectiveness of methylphenidate (MPH), 0.3 and 0.5 mg/kg 2x daily, in the treatment of 31 children, aged 4 to 6 years, with attention-deficit hyperactivity disorder (ADHD) was investigated by a double-blind, placebo-controlled study at the University of Ottawa, Canada. Comorbid oppositional defiant disorder and conduct disorder were present in 84% and 19%, respectively. While on MPH compared to placebo, significant improvements were obtained on a cognitive measure (number of correct responses on Gordon Vigilance Task), the parent ratings of the child's behavior, and tasks measuring ability to stick with a paper-and-pencil assignment. Parents' ratings were most sensitive. A positive response to MPH on at least one of the measures of attention was obtained in 90% of patients. Improved performance during MPH was also noted in measures of impulsivity-hyperactivity and conduct. No changes were observed in the child's compliance with parental everyday requests. Side effects, stomachaches, headaches, anxiety, and sadness, increased in frequency and severity with the higher dosage of MPH. (Musten LM, Firestone P, Pisterman S, Bennett S, Mercer J. Effects of methylphenidate on preschool children with ADHD: cognitive and behavioral functions. J Am Acad Child Adolesc Psychiatry Oct 1997;36:1407-1415). (Reprints: Dr Philip Firestone, Departments of Psychology and Psychiatry, University of Ottawa, 120 University Private, Ottawa, Ontario, Canada K1N 6N5).

COMMENT. Methylphenidate may improve attention and parent-rated behavior of preschool children with ADHD, and comorbidity with oppositional defiant disorder is not a contraindication to its use in younger children. The positive effects of MPH in preschoolers parallels the benefits noted in older children, and side effects are similar and dose related.

NEUROLOGICAL SOFT SIGNS AND PSYCHIATRIC SYMPTOMS

The association between neurological soft signs, measured by the

pediatric examination described by Pine et al (J Am Acad Child Adolesc Psychiatry 1996;35:509-515), and externalizing and internalizing psychopathology was examined in 56 boys, 8.5 (+/-1.5) years old, from a high-risk sample treated at the New York State Psychiatric Institute, NY. Soft sign measurements, based on 64 observations of 11 motor tasks performed in 20 minutes, included motor slowness, accuracy, abnormal movements, and smoothness. The results of this soft sign exam and correlations with psychiatric symptoms were stable over a 1-year period. Symptoms of externalizing disorders (ODD and CD) and internalizing disorders (anxiety, phobias, depression or dysthymia) correlated with impaired performance on the soft sign examination. An association between soft signs and ADHD was nonsignificant. (Pine DS, Wasserman GA, Fried JE, Parides M, Shaffer D. Neurological soft signs: one-year stability and relationship to psychiatric symptoms in boys. J Am Acad Child Adolesc Psychiatry Nov 1997;36:1579-1586). (Respond: Dr Daniel S Pine, New York State Psychiatric Institute, Unit 78, 722 W 168th Street, New York, NY 10032).

COMMENT. Childhood subtle impairments in motor performance, involving motor speed, accuracy, and fluency, may be exhibited by children with ODD/CD or anxiety and depression disorders, in the absence of specific abnormal neurological signs. The authors and others attribute these soft neurological signs and associated psychiatric symptoms to basal ganglia dysfunction. The lack of significant association between ADHD and soft signs, as measured by the Pine method, is surprising. The demonstration of soft signs in a neurological examination may be a risk factor for childhood onset psychiatric symptoms, and for ADHD. (see Millichap JG. Progress in Pediatric Neurology III, Chicago, PNB Publishers, 1997;p196).

FETAL ALCOHOL EXPOSURE AND ATTENTION DEFICITS

Twenty six children of mothers who abused alcohol during pregnancies were followed throughout childhood and were examined at 11 to 14 years of age for neuropsychiatric, psychological, and social problems in the Sahlgren University Hospital, Goteborg, Sweden. Of 24 seen at follow-up, 10 had ADHD, 2 had low normal intelligence and Asperger syndrome, and one had mild mental retardation, spastic diplegia, and an autistic-like condition. Seventeen required special education, six for mental retardation, and only 7 attended regular schools without support services. Specific learning disabilities involved math, visual perception, short-term memory, and attention. Sixteen were in foster homes. The severity of the neuropsychiatric disorder was correlated with the degree of alcohol exposure in utero. (Aronson M, Hagberg B, Gillberg C. Attention deficits and autistic spectrum problems in children exposed to alcohol during gestation: a follow-up study. Dev Med Child Neurol Sept 1997;39:583-587). (Respond: Marita Aronson PhD, Department of Pediatrics, Sahlgren University Hospital, Goteborg, Sweden).

COMMENT. The majority of children exposed to alcohol abuse in utero have attention deficits, poor motor control, and learning disorders. An autistic spectrum disorder, including Asperger syndrome, may occur in a minority. The severity of the neuropsychiatric disorders is correlated with the degree and duration of alcohol abuse. Children whose mothers discontinue alcohol consumption by the 12th week of gestation develop normally and are not likely to have learning difficulties in school. Biological, not psychosocial factors, are responsible for the neuropsychiatric disorders in fetal alcohol