Articles by other investigators that follow this introduction include comorbidity with juvenile-onset mania (ADHD may signal a very early onset of bipolar disorder); two new subclassifications (1. ADHD plus comorbid anxiety disorder may predict a lesser response to MPH; 2) ADHD plus conduct disorder and aggressive behavior predicts a more negative outcome); gender differences (ADHD pirk have greater intellectual impairment, lower levels of hyperactivity, and lower rates of aggression); benefits of parent-assisted social skills training (ADHD-peer rejection may be benefited by a combination of child social skills training, training for the parents, and stimulant medication). (Cantwell DP. Introduction. The scientific study of child and adolescent psychopathology: The attention deficit disorder syndrome. <u>LAm Accad Child Adolesc Psychiatry</u> Aug 1997;36:1033-1035). (Reprints: Dr James McCracken, UCLA NPI 48-270, 760 Westwood Plaza, Los Angeles, CA 90024).

COMMENT. Future research suggested by the articles in this excellent review include: 1. The relation of MPH response to outcome over time; 2. different diagnostic criteria based on gender and age; 3. criteria for adult ADD; 4. genetic and biological markers; and 5. long-term efficacy of stimulant treatment. We should also add the need for research on adverse effects of stimulant therapy, including medication-induced seizures.

## MEDICATION-INDUCED SEIZURES IN ADHD

The case of a 13-year-old boy with a history of ADHD and depressive disorder who had a tonic-clonic seizure 1 week after treatment with methylphenidate (80 mg/day) and sertraline (50 mg/day) is reported from Wright State University, School of Medicine, Dayton, OH. MPH dosage had been gradually increased over 1 year, and sertraline was added because of a worsening of depression. The seizure occurred one week after starting the combination therapy. The EEG was normal. Sertraline was discontinued, and MPH was continued unchanged with no recurrence of seizures. (Feeney DJ, Klykylo WM. Medication-induced seizures. (Letter to the Editor). <u>J Am Acad Child Adolesc Psychiatry</u> Aug 1997;36:1018-1019).

COMMENT. Methylphenidate alone may induce seizures in susceptible patients (see <u>Ped Neur Briefs</u> May 1997;p38), but the risk is aggravated by the addition of certain antidepressants. Despite the normal EEG in the above patient, it is probably advisable to order an EEG in a child with ADHD who requires a combination of stimulant and antidepressant medication. Epileptiform discharges in the EEG may prompt the addition of antiepileptic medication in some patients requiring treatment for ADHD and/or depression.

## SEIZURE DISORDERS

## MOVEMENT-INDUCED SEIZURES

Recurrent partial tonic postural seizures precipitated by slow movements unrelated to cognitive tasks are reported in a 16-year-old righthanded boy treated at Instituto di Clinica delle Malattie Nervose e Mentali, Rome, Italy. Performing repetitive flexion-extension of the right hand fingers, as in feeling coins in his pocket, induced a tonic posturing of the right arm followed by extension of the left hand and deviation of the head to the left. The ictal EEG showed brief voltage attenuation followed by 4-Hz sharp wave discharge in frontal-central regions, maximal left. Interictal SPECT