generalized, and 2 had only simple partial seizures before referral. The initial EEG was normal in 6; subsequent sleep deprived EEGs showed focal epileptiform transients in 3. Postictal recordings showed unilateral multifocal epileptiform discharges in one and a single occipital discharge in one. MRI was normal in all patients. Three were treated with carbamazepine for 2 years, and one had seizure recurrence after discontinuing treatment. Three had infrequent simple partial seizures at 2 year follow-up. (King MA, Newton MR, Berkovic SF. Benign partial seizures of adolescence. Epilepsia 1999;40:1244-1247). (Reprints: Dr SF Berkovic, Department of Neurology, Austin and Repatriation Medical Centre, Heidelberg (Melbourne), Victoria 3084, Australia).

COMMENT. Partial seizures of adolescence, characterized by a sensory/motor march, can be idiopathic and relatively benign, and may not invariably require antiepileptic therapy. The authors present a group of patients with so-called "benign partial seizures of adolescence," representing 22% of new-onset focal seizures in teenagers enrolled in a prospective study.

When to start and stop anticonvulsant therapy is a question reviewed by Greenwood RS, Tennison MB (Arch Neurol Sept 1999;56:1073-1077). In general, AEDs should be withheld until after a second seizure and tapered after 2 years without seizures. The risks and benefits are discussed. In practice, the decision must be individualized and a general rule does not apply.

ATTENTION DEFICIT DISORDERS

SLEEP DISORDERS IN ATTENTION DEFICIT DISORDER

Parental perceptions of sleep patterns in children presenting at an ADHD clinic in Washington, DC, were assessed prospectively over a 6-month period. Of 108 children diagnosed with ADHD, 46 were taking stimulant medications. Parents of all ADHD patients, 35 controls with psychiatric disorders attending the same clinic, and 84 general pediatric outpatients were given a Sleep Behavior questionnaire, the Achenbach Child Behavior Checklist, and a medical history questionnaire.

Moderate to severe sleep disorders occurred in 22% of ADHD children, 10% of psychiatric controls, and 6% of pediatric controls ($p<0.05$). Among ADHD children, insomnia was increased three-fold in patients receiving stimulant therapy. In addition to insomnia, ADHD patients had daytime tiredness, decreased sleep requirement, and frequent awakenings, not associated with parasomnias, enuresis, or respiratory disturbances. (Pearl PL, Stein MA, Broitman M, Efron L, Hamburger E. Sleep disturbances in children with attention deficit hyperactivity disorder. Ann Neurol Sept 1999;46:524; abstract).

COMMENT. Sleep disorders are more common in ADHD children than in other pediatric patients, and are more prevalent and severe in patients treated with stimulant medications. Questions regarding sleep habits are important in the initial and follow-up examinations of children with ADHD. The substitution of an antihypertensive agent, clonidine or Tenex, may be advisable when insomnia is severe. A combination of stimulant and clonidine is not generally advised, because of reported cardiac complications and rare fatalities. See Ped Neur Briefs May 1999;13:40, for a debate regarding methylphenidate and clonidine combination therapy (Swanson JM, Connor DF, Cantwell D. J Am Acad Child Adolesc Psychiatry May 1999;38:614-622).