

group 1 only. Intravenous immunoglobulin had been used more frequently in the early recovery group 2 than group 1 patients. Features significantly different between the 2 groups were as follows: 1) maximum disability score at presentation; 2) intubation; 3) cranial nerve involvement, and 4) nerve conduction block. The maximum disability score at presentation and the probability of intubation were also significantly correlated. Features not significantly different in the 2 groups included: age, gender, preceding infection, cytomegalovirus, severity of presenting weakness, csf protein level, nerve conduction velocities and muscle and nerve action potential amplitudes, fibrillation potentials, F wave, insertional activity, axonopathy or demyelinating patterns, and IV immunoglobulin therapy. (Ammache Z, Afifi AK, Brown CK, Kimura J. Childhood Guillain-Barre syndrome: clinical and electrophysiologic features predictive of outcome. J Clin Neurol July 2001;16:477-483). (Respond: Dr Zakaria Ammache, Department of Neurology, University of Iowa Hospitals and Clinics, Iowa City, IA 52242).

COMMENT. Predictors of poor outcome and delayed recovery in childhood Guillain-Barre syndrome include maximum disability score at presentation, intubation, cranial nerve involvement, and conduction block. Other electrophysiological findings are not of predictive value in children. The axonal form of neuropathy, sometimes associated with a poor prognosis in adults, was present only in 2 children of the present series, both in group 1 with a delayed recovery. The difference was not significant. *Campylobacter jejuni* infection has been linked to a poor prognosis of GBS in 5 reports in the literature, but was not isolated in the above patient series. (See Progress in Pediatric Neurology III, 1997;pp353-4, for reports of GBS associated with *C. jejuni* infection).

Atypical presentation of Guillain-Barre syndrome. Eight children with GBS presented with CNS symptoms, including drowsiness, headache, and meningismus, suggesting a meningoencephalitis. (Bradshaw DY, Jones HR. Pseudomeningoencephalitic presentation of pediatric Guillain-Barre syndrome. J Child Neurol July 2001;16:505-508). Prominent CNS symptoms at onset of GBS should be recognized as part of the syndrome to avoid delay in diagnosis and treatment.

ATTENTION DEFICIT DISORDERS

SYMPTOMS OF ADHD IN UNIVERSITY STUDENTS

A sample of 1,209 university students from 3 countries (Italy, New Zealand, and USA) completed a 24-item self-report measure for ADHD symptoms in a study at Lehigh University, Bethlehem, PA. Factor analyses supported a diagnosis of ADHD, according to the bidimensional classification of DSM-IV, in the US and New Zealand samples, but less in the Italian students. The percentages of self-reported ADHD subtypes in US, Italian, and NZ students were as follows: In men, *inattentive*, 6, 7.7, and 8.1, respectively; *H/I*, 14, 18.5, and 10.8; *Combined*, 7.4, 11.1, 10.8. In women, *inattentive*, 3.9, 9.0, and 9.8; *H/I*, 13.8, 25.8, 18.4; *Combined*, 6.9, 8.3, and 9.2, respectively. Italian students reported more inattention and H/I than US students. NZ students had significantly more inattentive symptoms than US students, especially women. (DuPaul GJ, Schaughency EA, Weyandt LL et al. Self-report of ADHD symptoms in university students: cross-gender and cross-national prevalence. J Learning Disabilities July/Aug 2001;34:370-379). (Respond: G J DuPaul, School Psychology Program, Lehigh Univ, 111 Research Dr, Bethlehem, PA 18015). .