met inclusion criteria. Only one report involved children exclusively, with 21 treated and 21 controls (without placebo); the remainder included 1283 patients, mainly adults with few children who were not analysed separately. Only 5 of 89 trials were randomized (total 524 patients), and trial design, treatment schedule, and outcome measures were heterogeneous. Meta-analysis was not attempted. Four trials reported some benefit from corticosteroids, but the evidence is not conclusive. The routine use of corticosteroids in children with Bell's palsy is not recommended on the basis of this analysis and review. A definitive trial remains to be conducted. (Salman MS, MacGregor DL. Should children with Bell's palsy be treated with corticosteroids? A systematic review. J Child Neurol August 2001;16:565-568). (Respond: Dr Michael S Salman, Division of Neurology, Hospital for Sick Children, 555 University Ave, Toronto, ON M5G 1XS, Canada).

COMMENT. Present evidence based on review of published trials in children with Bell's palsy does not support the routine use of corticosteroids.

TOXIC DISORDERS

FACIAL SIGNS OF FETAL ALCOHOL SYNDROME

Craniofacial measurements of 100 individuals exposed to alcohol before birth were compared to 31 controls in an anthropometric study to define fetal alcohol (FAS) or partial fetal alcohol syndrome (PFAS) at St Vincent Hospitals, Indianapolis. Six craniofacial measurements were identified that differentiated exposed vs nonexposed patients, with 96% accuracy, 98% sensitivity, and 90% specificity. A clinical diagnosis of FAS was made in 41 and PFAS in 59 children. Diagnostic measurements included 3 breadth (frontal, bigonial, and palpebral fissure), 2 circumference (head and maxillary arc), and 1 depth (midfacial). (Moore ES, Ward RE, Jamison PL et al. The subtle facial signs of prenatal exposure to alcohol: an anthropometric approach. J Pediatr August 2001;139:215-219). (Reprints: Elizabeth S Moore PhD, Quality Management, St Vincent Hospitals and Health Serrvices, 2001 West 86th St, PO Box 40970, Indianapolis, IN 46240).

COMMENT. Signs of definite FAS are prenatal and postnatal growth deficiency and brain and craniofacial abnormalities. Short palpebral fissures, smooth philtrum, thin upper lip, and midfacial hypoplasia are the most common facial anomalies. The present study of subtle facial signs of PFAS and diagnostic anthropometric measurements will permit the recognition of a wider range of children with alcohol-related birth defects and lead to counseling and prevention of further cases in the family.

ATTENTION DEFICIT DISORDERS

DIETARY SUPPLEMENTS FOR ADHD: A CONTROLLED TRIAL

The effect of docosahexaenoic acid (DHA) supplementation (345 mg/d) on the symptoms of attention deficit/hyperactivity disorder (ADHD) was determined in 63 children, ages 6 to 12 years, at the Mayo Clinic and Baylor College of Medicine, Houston, TX. All were receiving effective therapy with stimulant medication, and were assigned at random, double-blind, to DHA or placebo groups for 4 months. Outcome was determined by scores on laboratory measures of inattention and impulsivity (TOVA, Color Trails), performed after discontinuing medication for 24 hours, and scores on parent rating scales (Child Behavior Checklist, Conners' Rating Scale), completed while continuing medication. Plasma

phospholipid fatty acid patterns were measured at baseline and at the end of the study. Children with ADHD had low levels of plasma DHA at baseline. Differences between DHA and placebo groups, determined by analysis of variance, showed that plasma phospholipid DHA content of the supplemented group was 2.6-fold higher at the end of the study compared to the placebo group. Measures of inattention and impulsivity and parental questionnaires showed no significant improvement in the DHA group. Errors of omission on the TOVA test increased significantly in the DHA group but not in the placebo group, and errors of commission decreased significantly in the placebo group but not in the DHA group. (Voigt RG, Llorente AM, Jensen CL et al. A randomized, double-blind, placebo-controlled trial of docosahexaenoic acid supplementation in children with attention-deficit/hyperactivity disorder. J Pediatr August 2001;139:189-196). (Reprints: Robert G Voigt MD, Division of Developmental and Behavioral Pediatrics, Department of Pediatrics and Adolescent Medicine, Mayo Clinic, 200 First Street SW, Baldwin 3A, Rochester, MN 55905).

COMMENT. A 4-month trial of DHA supplement, administered while continuing effective stimulant medication, had no measurable significant effect on ADHD symptoms observed by the parents. Similarly, objective tests of attentiveness and impulsivity, administered after a 24 hour withdrawal of medication, showed no significant benefit in children receiving DHA supplement. It was assumed that any lasting or withdrawal effect of stimulant medication had dissipated in the short 24 hour drug holiday. The well known "rebound" phenomenon when MPH is discontinued could have vitiated any possible benefit from DHA. (Millichap JG. Attention Deficit Hyperactivity and Learning Disorders. PNB Publ, 2001; Schachar RJ et al, 1997).

The limitations of this study include the following: 1) trial subjects who were already benefited by stimulant medication; 2) the use of a single dose of DHA supplement; 3) failure to include arachidonic acid and other fatty acids that are often at low levels in children with ADHD. Future controlled studies might be conducted in cases of ADHD previously untreated with stimulant medication, using more than one dose of supplement, and with multiple fatty acids.

Kemper KJ, in an editorial (J Pediatr August 2001;139:173-174), advocates the testing of further dietary supplements, and greater assurances of safety, purity, and potency before marketing.

For a review of dietary supplements in ADHD, see Progress in Pediatric Neurology III, PNB Publ, 1997;pp209-210. Mitchell EA et al, in 1987, found that DHA and arachidonic acid serum levels were significantly lower in 44 hyperactive children compared to 45 age- and sex-matched controls. Stordy BJ, in 1995, reported that DHA supplements improved dark adaptation (scotopic vision) in 5 adults with dyslexia. She later proposed DHA as a treatment for ADD and short term memory problems.

CLONIDINE IN HYPERACTIVE, MENTALLY RETARDED CHILDREN

The effects of oral clonidine on hyperactive children with comorbid mental retardation were examined in 10 children (mean age 7.6 years) treated at the Department of Psychiatry, King George's Medical College, Lucknow, India. In a 12-week, double-blind, randomized, placebo-controlled trial, using 3 fixed doses (4, 6, and 8 mcg/kg/day), Parent Questionnaire and Clinician Rating Scales showed a dose-related effect on hyperactivity, inattention, and impulsivity, and improvements in conduct abnormalities, frustration tolerance, cooperation, and interest in tasks. Whereas hyperactivity and impulsivity were improved with increasing doses from 4- to 8-mcg, improved attention occurred only at the 4- and