

BEHAVIOR AND LEARNING DISORDERS

SLEEP-DISORDERED BREATHING AND BEHAVIOR PROBLEMS

A community-based cohort of 829 school-aged, 8-11 year-old, children was studied at Case Western Reserve University School of Medicine, Cleveland, OH, to assess the behavioral outcomes of sleep-disordered breathing (SDB), ranging from primary snoring to obstructive sleep apnea (OSA). Forty (5%) children had OSA, 122 (15%) had primary snoring without OSA, and 667 (80%) had no sleep problems. Behavior problem scores were significantly elevated in children with SDB. Behavioral impairments involved externalizing, hyperactive, emotional lability, oppositional, aggressive, internalizing, somatic complaints, and social behavior. Externalizing, hyperactive-type behaviors were especially prominent, having a negative impact on daytime functioning, learning, and school performance. (Rosen CL, Storfer-Isser A, Taylor HG et al. Increased behavioral morbidity in school-aged children with sleep-disordered breathing. **Pediatrics** December 2004;114:1640-1648). (Reprints: Carol L Rosen MD, Department of Pediatrics, Rainbow Babies and Children's Hospital, 11100 Euclid Ave, RB&C 790 Mail Stop 6003, Cleveland, OH 44106).

COMMENT. Children with externalizing, hyperactive-type and other behavior problems should be investigated for sleep-disordered breathing, including snoring and obstructive sleep apnea. The correction of disturbed sleep patterns should be addressed before or in parallel with the introduction of behavior modifying medications.

ASYMMETRIC TONIC NECK REFLEX IN DYSLIXICS

The prevalence of persistent tonic neck reflex (TNR) and motor difficulties was assessed in three groups of 41 children (aged 9-10 years) attending primary schools in N Ireland and correlated with reading difficulties, at Queen's University, Belfast. The relative persistence of the Asymmetrical TNR was compared in 3 groups of children selected from the bottom, middle and top 10% of readers. The lowest reading group had a significantly higher mean persistence of ATNR (17% affected) compared with the middle and top reading groups (0%). A standardized test of motor ability also showed a significant difference between the lowest and top reading groups. Boys were particularly at risk for persistence of an ATNR but not for impaired motor ability. (McPhillips M, Sheehy N. Prevalence of persistent primary reflexes and motor problems in children with reading difficulties. **Dyslexia** November 2004;10:316-338). (Respond: Martin McPhillips, School of Psychology, Queen's University, Belfast B17 1NN, UK).

COMMENT. The tonic neck reflex generally disappears by age 3 to 4 months and is infrequently impossible through 5 months (Paine and Oppe, 1966). The persistence of the TNR is abnormal and often indicative of lesions in the upper brain stem or more diffuse locations. The reflex is asymmetrical in spastic hemiplegia and may contribute to the associated movements such as mirror movements. Clumsiness and subtle neurologic abnormalities are described in children with learning disabilities and attention deficits (Huttenlocher et al, 1990; Millichap JG, 1974).