A possible causal relationship of perinatal asphyxia and CP should require the following: (1) severe newborn acidosis, (2) damage to other organs, (3) severe neurologic abnormalities in the first 24-72 hrs. (Niswander KR. Does substandard care cause cerebral palsy? Contemporary Pediatrics Jan 1988; 5(1):56-76.

COMMENT. This review and study tends to confirm the results and conclusions of the Neurological Collaborative Perinatal Project (NCPP) concerning prenatal and perinatal factors associated with brain disorders that only 25% of CP cases may be attributed to asphyxia at birth and that CP is only very rarely preceded by potentially preventable perinatal asphyxia. (Freeman JM, Ed. NIH Publications 85-1149, April 1985).

BEHAVIOR AND ATTENTION DEFICIT DISORDERS (ADD)

PSYCHIATRIC DISORDERS AND ADD

The frequencies of various psychiatric and neuromaturational disorders were compared in 22 ADD children aged 5-16 yrs and in 20 normal control subjects studied by structured diagnostic interviews with mothers in the Pediatric Psychopharmacology Clinic and Child Psychiatry Service, Massachusetts General Hospital, Boston.

Compared with controls, ADD patients had significantly higher rates of conduct disorder, oppositional disorder, major affective disorder, tics, language disorder/stuttering, encopresis and learning disorders. Enuresis occurred in 7 (32%) ADD children compared to 3 (15%) controls. The rate of affective disorders in ADD children was significantly higher in subgroups with conduct/oppositional disorders and anxiety and significantly lower in the subgroup with neuromaturational disorders (enuresis, encopresis, language disorders, tics) when compared to normal control subjects. The incidence of conduct disorders was increased in the ADD subgroup with anxiety disorders. The recongition of ADD subgroups and psychiatric co-morbidity may be clinically useful in prognosis and treatment. (Munir K, Biederman J, Knee D. Psychiatric comorbidity in patients with attention deficit disorder. J Amer Acad Child Adol Psychiat 1987; 26(6):844-848).

COMMENT. Previous studies have emphasized the need to correctly classify children with ADD into groups with or without conduct and anxiety disorders and those with abnormal neurologic signs and MBD when evaluating drug effects. (see Ped Neur Briefs 1987;1(2):14).

LANGUAGE DISORDERS AND ADD

The prevalence rates of speech and language disorders and ADD in 116 children referred for psychiatric services were determined at the Ontario Association of Children's Mental Health Centres and the Dept of Psychiatry, Hospital for Sick Children, Toronto, Canada. Speech and language disorders were diagnosed in 65% and ADD in 73%. Only 16% had speech and language disorders alone and only 25% had ADD alone. The overall prevalence for the dual diagnosis was 48%. Three-quarters of those with language disorders also had ADD and two-thirds with ADD also had language disorders. The average age at evaluation was 5 yrs. Boys outnumbered girls for language disorders with or without ADD. The presence of language disorder was correlated with intact family status in lower socioeconomic classes, single-child families, and serious parent/child problems. (Love AJ, Thompson MGG. Language disorders and attention deficit