

disorders in young children referred for psychiatric services: analysis of prevalence and a conceptual synthesis. Amer J Orthopsychiat Jan 1988;58(1): 52-64).

COMMENT. This study suggests that pre-school children referred for psychiatric outpatient services are at high risk for language disorders. Failure to develop oral language on schedule is among the earliest concerns voiced by parents of children who later are identified as ADD or learning disabled. Speech and language evaluations should be included in any comprehensive examination of a child with ADD.

HYPERACTIVE BOYS IN ADOLESCENCE

The rates of dysfunction among male adolescents with a history of hyperactive behavior in childhood were examined in a follow-up study at the New York State Psychiatric Institute and Long Island Jewish Med Cntr, New York, NY. In a previous report, the authors found that half (48%) of the 101 formerly hyperactive subjects compared with 20% of 100 controls had psychiatric disorders at follow-up, including ADDH, antisocial personality disorder, and substance use disorder (SUD).

A comparison of the 52 patients and 80 controls who had not developed psychiatric disorders showed that hyperactivity in childhood did not lead to behavioral and social problems in later life. Academic functioning and conduct problems in high school, alcohol-related problems and conduct outside of school, and temper outbursts were not significantly different in the two groups. Inattention and hyperactivity were more prevalent in the former patient group, as expected, but drug use and drug-related problems, especially marijuana, were more frequent among the controls than in formerly hyperactive children.

These results suggest that the eventual occupational and social adjustment of hyperactive children is not different from that of controls and any tendencies to drug abuse may be less of a problem. Hyperactive children with psychiatric disorders form a deviant subgroup that must be identified for the purpose of treatment and prognosis. (Mannuzza S, Gittleman Klein R et al. Hyperactive boys almost grown up. II Status of subjects without a mental disorder. Arch Gen Psychiatry Jan 1988;45:13-18).

COMMENT. How many of these patients had neurological signs indicative of brain dysfunction in early childhood? The hyperactive patients without psychiatric disorders evaluated in this study are those often referred to the pediatrician or pediatric neurologist for management. They frequently have signs of minimal brain dysfunction during childhood that become less obvious in adolescence, many have electroencephalographic abnormalities, and the behavior and inattention respond to methylphenidate or other central nervous system stimulant medication.

Abnormalities of CNS maturation and function reflected by changes in brainstem auditory evoked potentials and abnormal EEG's characterize non-delinquent hyperactive children, while a subgroup of delinquent hyperactive children show normal maturational CNS changes. ADDH boys with neurological abnormalities have a better outcome than those with normal CNS functions who later become delinquent as a consequence of environmental-social factors. (Satterfield JH et al. Electroenceph clin Neurophysiol 1987; 67:531. Ped Neur Briefs 1988;2:8).

In addition to psychiatric diagnoses, the neurologic and EEG examinations are important in the differentiation of subgroups of hyperactive children.