Environmental factors, in addition to genetic, are important in the cause or exacerbation of ADD.

ATTENTION DEFICIT AND AUDITORY PROCESSING DISORDER

Auditory processing (AP) skills, cognition (IQ, memory, language, and literacy), and attention (auditory and visual) in 6- to 11-year-old children with normal hearing (N=1469) were tested in schools in the UK and evaluated by researchers at Medical Research Institute of Hearing Research, Nottingham, UK. AP improved with age. Poor-for-age AP was significantly related to poor cognitive, communication, and speech-in-noise performance ($P<0.001$). Correlations between auditory perception and cognitive scores were generally low. Response variability in AP tests, reflecting attention, and cognitive scores were the best predictors of listening, communication, and speech-in-noise skills. Symptoms of APD were unrelated to auditory sensory processing. APD is primarily an attention problem, and treatment should be directed toward control of attention deficit. (Moore DR, Ferguson MA, Edmondson-Jones AM, Ratib S, Riley A. Nature of auditory processing disorder in children. **Pediatrics** Aug 2010;126:e382-e390). (Respond: David R Moore PhD, MRC Institute of Hearing Research, University Park, Nottingham NG7 2RD, UK. E-mail: davem@ihr.mrc.ac.uk).

COMMENT. Auditory inattention and reduced cognitive ability are the best predictors of listening problems. "Auditory perception disorder" or "central auditory dysfunction" is a controversial subject and term for children with normal hearing but poor listening skills. The UK researchers prefer a definition based on reduced auditory attention and not a sensory processing problem.

NEONATAL DISORDERS

MRI AND PREDICTION OF OUTCOME OF HIE

Published data regarding the prognostic utility of conventional MRI in neonates with hypoxic ischemic encephalopathy are reanalyzed by researchers at University of Oxford, UK. Severe abnormalities on conventional MRI in the first week have a sensitivity of 71% and specificity of 84% for very adverse outcome in infants with moderate or Sarnat stage 2 encephalopathy. MR biomarkers alone are not sufficiently accurate to direct treatment-limitation decisions. Limitations in existing prognostic studies include small sample size, selection bias, and overly inclusive outcome assessment. MRI or MR spectroscopy may have a role in combination with other prognostic markers to identify infants with very adverse outcome. Meta-analysis studies do not provide a clear definition of those HIE infants who will have a very severe outcome if they survive. (Wilkinson D. MRI and withdrawal of life support from newborn infants with hypoxic-ischemic encephalopathy. **Pediatrics** Aug 2010;126:e451-e458). (Respond: Dominic Wilkinson MBBS, FRACP, Department of Public Health and Primary Health Care, Ethox Centre, University of Oxford, Headington OX3 7LF, UK. E-mail: dominic.wilkinson@ethox.ox.ac.uk).