

COMMENT. Findings of this type in laboratory animals are disturbing and require confirmation. Pending further studies, the clinician should be aware of a possible effect of stimulants on pubertal development, and management of ADHD patients with MPH and other stimulants should be monitored carefully, especially in younger children.

SEIZURE DISORDERS

COMPLETE REMISSION IN CHILDHOOD-ONSET EPILEPSY

Researchers at Children's Memorial Hospital, Chicago, IL, and Yale School of Medicine, New Haven, CT determined the probability of attaining complete remission of nonsyndromic epilepsy in a community-based cohort of 347 children with onset of epilepsy between ages of 1 month and 16 years (average, 5.5 years). None met criteria for well-defined electroclinical syndromes. The average length of follow-up was 14.4 years (maximum 17.9 years), and families were contacted frequently (3-4 times per year). Complete remission was defined as 5 years seizure-free and medication-free. Of 294 (85%) children followed prospectively for >10 years, 170 (58%) achieved complete remission, and 10 (6%) of these relapsed. Another 46 had a 5-year seizure-free, but not drug-free remission. Relapses occurred 0.4 to 7.5 years after attaining complete remission; and the probability of relapse at 1, 5, and 8 years after remission was 1%, 5%, and 8%. The probability of achieving complete remission by 5, 8, 10, and 15 years after diagnosis of epilepsy was 3%, 31%, 46%, and 60%. The average duration of follow-up after attaining complete remission was 6.4 years (range, 0.2 to 11.3). Relapses were marginally associated with underlying cause (0.06). MRIs were obtained in 262 (89%) of participants and were abnormal in 55 (21%), of whom 18 (33%) achieved complete remission. Groups with complete remission for >10 years were distinguished by seizure outcome at 2 years ($p<0.0001$) and by underlying cause ($p<0.0001$). Good early seizure outcomes and epilepsy of unknown cause had a higher likelihood of complete remission whereas status epilepticus and older age at onset were associated with a poorer outcome. (Berg AT, Testa FM, Levy SR. Complete remission in nonsyndromic childhood-onset epilepsy. *Ann Neurol* (October 2011;70(10):566-573). (Respond: Anne T Berg PhD, Children's Memorial Hospital, Northwestern University, Chicago, IL 60614. E-mail: atberg@childrensmemorial.org).

COMMENT. We rarely speak of cure of epilepsy, an outcome desired by both patient and physician. This well-defined study provides evidence of complete remission or cure of seizures in more than 50% of young people with focal or generalized nonsyndromic epilepsy. A medication-free outcome may be predicted by early seizure control and an epilepsy of unknown cause. Negative imaging and metabolic studies performed early have a role in the identification of epilepsies amenable to complete remission and cure.