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[Diagnosis and drug treatment in hyperactive children].

[Article in Japanese]

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Abstract

A critical review was given to the diagnostic transition of **hyperactive** children, i.e., from attention deficit disorder to attention deficit-hyperactivity disorder, in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Based on the new diagnostic criteria for **hyperactive** children, or hyperkinetic disorders in ICD-10, 12 of 122 (9.8%) children with a birthweight less than 1,500 grams have found to show hyperkinetic disorders during ordinary follow-up examinations at 4 to 6 years of age. Discontinuation of stimulants during school holidays, or the "drug holidays" procedure, was recommended not only because a child's response to stimulants could be reconfirmed but also because the side effect of growth retardation could be avoided. Three typical drug responders with hyperactivity were presented. Case 1 was a **19-year-old male with some autistic features and tics**. He had been taking **pemoline from 10 to 13 years of age, but showed no side effects**. Case 2 was a **15-year-old boy with epileptic EEG abnormalities**, and had been also taking **pemoline from 6 to 10**. He was attacked by a partial **seizure** with secondary generalization just 2 months after the drug administration. Recurrence of epileptic seizures was prevented by **additional medication of an anticonvulsant**, carbamazepine. Case 3 was a **13-year-old boy with enuresis nocturna** and with several febrile seizures, and had been taking clomipramine, a tricyclic antidepressant, from 4 to 6. The **antidepressant proved very effective to his hyperactivity and temper tantrum, but not to his enuresis**.

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Note:

None of these children were on medication for ADHD at the time of observation by these researchers. Discontinuation not explained in abstract.



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