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FACTORS OF PSYCHOSOCIAL RISK IN 155 CHILDREN BORN TO HIV-1 INFECTED MOTHERS IN ITALY

Objectives: This study aims at assessing the relation between five factors of psychosocial risk and level of disease in children born to HIV-1 infected mothers in Italy.

Hypothesis: The main hypothesis is that in pediatric AIDS the psychosocial risk is related to the CDC levels of disease (Atlanta).

Subjects and methods: Subjects were 155 infants and children aged 3 to 72 months born to HIV-1 infected mothers, followed up in the Department of Pediatrics. Twenty-four (16%) children had symptomatic, 14 (9.3%) had asymptomatic, 34 (22.7%) had nondetermined form of the disease and 78 (52%) were non-infected.

The psychosocial variables considered here: 1) SES (low, medium, high); 2) adoption (yes, no); 3) mother's current drug addiction (yes, no); 4) father's current drug addiction (yes, no); 5) parent-child relation (good, partially good, poor). Data on psychosocial factors were collected by interviews (1,2,3,4) and observation (5).

Results: The statistical analyses revealed that separate consideration (chi-squared test) of the four levels of the disease by each psychosocial factor did not reach significant effects. However, correlational consideration (correspondence analysis) of four levels of the disease by five psychosocial factors indicated clear polarisation of data which discriminated between symptomatic and nondetermined children who belonged to the same low psychosocial risk area on the one hand, and non-infected children, who belonged to the high psychosocial risk area on the other.

Conclusion: The present results apparently support the idea that the psychosocial factors are not independent of the level of the disease in pediatric AIDS.

If confirmed in countries other than Italy, such results may influence clinical practice with children born to HIV-1 infected mothers and their families. Clinicians could allocate resources differently either to the children or to the families according to the children's level of disease.

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DEVELOPMENTAL NEUROPSYCHOLOGY. TREATMENT OF DYSLEXIA

In the last 8 years our group has devoted particular attention to developmental clinical neuropsychology (NP), mainly to learning disabilities (LD): developmental dyslexia is the more important cause of school impairment.

The LD problem has been studied from different, but complementary viewpoints of cognitive and experimental NP.

The cognitive NP attempts to analyze and to treat the LD according to the theoretical model that describes the organisation of neuropsychological functions regardless of their anatomical-functional ground.

We have employed the "standard model", that recognizes three channels for reading performance (visual, phonological and semantic) and describes three reading impairment subtypes (surface dyslexia, phonological dyslexia, deep dyslexia).

We are presenting results obtained in 20 children treated by a specific computerized rehabilitation training.

In experimental NP perspective the LD is related to a troubled hemispheric specialization development. We can identify three subtypes of dyslexia: linguisitic dyslexia (the L-dyslexics make use of the left hemisphere strategies, read fast, making many specific errors), perceptive dyslexia (the P-dyslexics make use of the right hemisphere strategies, read slowly, making time-consuming errors) and mixed type (M-dyslexia).

The neuropsychological analysis employs the classical experimental NP techniques (tachistoscopic presentation, dichotic listening, finger tapping). The treatment proposed consists of the so-called "specific hemispheric stimulation" (SHS) (right SHS in L-dyslexics and left SHS in P-dyslexics).

We report the results in 38 SHS-treated children.

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CHILD NEUROPSYCHIATRIST'S PRESENCE IN PUBLIC SERVICE BETWEEN EDUCATION AND REHABILITATION

The authors report about an operative model of a child neuropsychiatric public ser-

vice. Work of the child neuropsychiatrist and service activity are revised according to present scientific knowledge.

Neuropsychological and neurophysiological assessments become integral parts in clinical diagnosis, where the target is a global approach both in educational and rehabilitative spehre; the boundary between education and rehabilitation is stated by understanding normal and pathological development in the child.

Such investigation is possible only by the specific methodology of a team work. This contribution describes the working methodology, which involves critical analysis of specific knowledge and experiences exchange.

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CEREBRAL AND RETINAL FLASH EVOKED POTENTIALS IN UREMIC CHILDREN

Retinal and central visual system dysfunction has been reported in uremic patients in independent studies; for this reason the answer whether VEP abnormalities reflect retinal and/or central visual system involvement has not been established. Furthermore, information on this topic is scarce in children.

We therefore studied simultaneous photopic flash electroretinogram (ERG), oscillatory potentials (OPs) and cerebral evoked potentials (VEPs) in 10 uremic children (mean age 13 years), 6 boys and 4 girls, maintained on dialysis. The fundus oculi (FO) was normal in 8, but showed retinopathy grade I (Keit Wagener scale) in 2. Five out of 10 children were on antihypertensive therapy.

Abnormal electrophysiological findings were: retinal abnormalities in 5 out of 10 children (increased latency or absent component of OPs), a significant increase in latency of OPs components 02, 03, 04 and a significantly reduced differential amplitude N1/P2 of VEPs, compared with age and sex matched controls (Student's t test). There was no correlation of OPs abnormalities with FO and hypertension. The VEPs amplitude correlates with OPs latency values.

In conclusion: 1) OPs are able to pick up, in uremic children, retinal abnormalities which are not detected by FO inspection and standard photopic ERG; 2) flash VEPs seem less abnormal in children than in adults; 3) there is a suggestion that uremic VEPs abnormalities are related with the retinal ones.

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PARTIAL COMPLEX STATUS EPILEPTICUS IN PEDIATRICS

We report on four children with partial complex status epilepticus. Three of them had ictal manifestations difficult to distinguish from psychiatric disorders. In the third case the seizures were characterized by decreased level of consciousness. The authors confirm the importance of an early EEG and neurophysiological monitoring in the management of such patients.

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WORKSHOP: ADVANCES IN DIAGNOSTICS OF MS

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COMPUTERIZED PROTOCOL FOR MULTIPLE SCLEROSIS STUDY WITH SPECIAL REFERENCE TO DIFFERENTIAL DIAGNOSIS

Over the last five years we have standardized a clinical-diagnostic protocol for putative multiple sclerosis (MS) cases in order to have an available well-defined working frame for both clinical and research programmes. The neuroepidemiological groups of the Neurological Department of the University of Ferrara and Sassari prepared, starting from the generally accepted diagnostic guidelines for MS patients, a computerized clinical file including all information on socio-demographic characteristics, occupational and residence factors, familial medical history, physiological data and personal pathological history with particular reference to previous