

7: Letters

January 1, 1978

Melvin Muroff, Ph.D.
12 Harcourt Road
Scarsdale, NY

Ref: Hayden Harman, age 8

Dear Mel,

I have read the file and reviewed the EEG record (dated 12/6/77) of the patient, Hayden Harman.

The EEG record is well done and includes alert, photic stimulation and hyperventilation sections. These show well modulated alpha dominant activity of relatively low voltage. Slow frequencies are not prominent, nor are they stimulated by hyperventilation in undue amounts. I concur in the report by Dr. Scheinberg that this record does not show any abnormality inconsistent with the patient's age. We should note, however, that an important part of the EEG capability was not used, that of sleep recording. Numerous authors, notably Gibbs and his students, have repeatedly emphasized the significance of such recording particularly in young patients in whom one is seeking evidence of dysrhythmia.

The rest of the file is replete with evidence of cerebral dysfunction, particularly the report of the observations by Dr. Ballweg. These data, combined with the behavior and the reports in the psychological tests (see particularly the figure drawn by the child) are evidence of dysfunction. Unfortunately, it is not possible to determine from these data whether the dysfunction is episodic.

The most conservative approach to problems of this dimension is the combined pharmacologic-psychologic. The former provides an opportunity to alter cerebral functions, and with proper manipulation, one may be fortunate in affecting the functions favorably. Two courses are available: a trial of an anticonvulsant, such as diphenylhydantoin (Dialantin) in doses up to 300 mg/day; or a psychostimulant, either methylphenidate (Ritalin) or dextroamphetamine (Dexedrine). I favor the use of methylphenidate as it has a better safety margin. The use of these drugs should be combined with sessions with the child and on occasion, with the parents, to assist in the adjustments necessary in helping a child whose

achievements may not be as good as his or his family's aspirations.

If there is a choice in the sequence of drugs to be tried, I would depend on the clinical findings as your best guide. Since you already have noted the similarity of this boy's problems to those seen in others helped by diphenylhydantoin, I would encourage its trial first.

If there is a special need to verify the possibility of dysrhythmia further, then a sleep EEG could be obtained. If the laboratory at Lawrence Hospital is reluctant to carry this out, I would suggest you enquire whether Dr. Fred Struve of the Hillside Hospital is willing to do the test for you. He is a Gibbs' student and one of the best analysts of clinical sleep EEG records in the region. The other is Dr. Eli Goldenson at the New York Neurological Institute.

I trust these comments are helpful. My best wishes for the success of this child's treatment.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry