METHODS: For this purpose, 658 students (aged 7–10 years) in elementary schools were evaluated by specialized questionnaires for parents and teachers. Of those students, 102 (15.5%) were identified as having LDs according to their teachers. The questions regarded symptoms of depression, anxiety/stress, irritability, and other BPs.

RESULTS: Our findings in children with LDs are summarized in Table 1.

TABLE 1. Behavioral Problems in Children With LDs

	Teachers and Parents Agree That There Are No BPs, %	Teachers and Parents Agree That There Are BPs, %	Only the Teachers Consider That There Is a BP, %	Only the Parents Consider That There Is a BP, %
Reduced self-confidence	24.6	26.3	42.1	7.0
Complains of headache/bellyache	19.4	28.4	37.3	14.9
Feeling tired frequently	13.6	24.2	56.1	6.1
Other children tease him/her	42.6	13.2	16.2	27.9
Being alone, without friends	37.1	11.3	35.5	16.1
Being unreliable	48.4	12.5	10.9	28.1
Often fights with other children	48.5	20.6	13.2	17.6
Increased irritability	36.8	20.6	11.8	30.9

CONCLUSIONS: BPs resulting from reduced self-confidence and anxiety/stress were observed at a higher rate by the teachers than by the parents, who more often acknowledged symptoms of social isolation and aggressive behavior. Stress was the BP about which parents and teachers gave identical replies.

QUALITY OF LIFE OF CHILDREN WITH MENTAL DISABILITIES AND THEIR FAMILIES IN CYPRUS

Submitted by Vassiliki Papavassiliou

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INTRODUCTION: Children with mental disabilities and their parents face challenging lives in an ever-changing social context.

OBJECTIVE: We sought to evaluate quality of life and daily habits of children with mental disabilities and their families in Cyprus.

METHODS: Sixty-three children (65.5% male) who were attending special schools were evaluated by questionnaires for parents and teachers, personal interviews, and local visits.

RESULTS: Mental disabilities were diagnosed in 45.8% of the children at birth and in 40.7% at 2.5 years, by which time most developmental milestones are normally achieved; 6.5% had not been diagnosed with a mental disability. For 18% of the children, another family member had also been diagnosed with mental disabilities. Pediatricians were considered most supportive (62.3%). Only 45% of the children were followed-up regularly, 30.5% rarely visited a doctor, and 66% had not been evaluated by electroencephalography after diagnosis. Children attended physiotherapy (39.2%), ergotherapy (51%), and arts therapy (45.3%), and 95.1% attended special education. Most of them went to school by bus (85.2%). They were somewhat accepted by their peers (49.1%), and 33.3% shared leisure time. They felt accepted by society (86.4%), but 16.9% reported problems with family members. The mother was mostly involved (61.8%), and in only 5.9% of the cases were both parents involved. Parents had little or no free time (67.1%), rarely went on holidays (55%), considered a big city favorable (61%), and were optimistic about their children's future (76.4%). Many parents needed assistance (60%), especially regarding free time (22.6%) and financial (20.8%) and medical (11.3%) issues. Most peers were informed and understanding (95%).

CONCLUSIONS: Quality of life is considered satisfactory; however, better medical follow-up and intensification of help provided to these families is needed. Children are quite well adapted in society, although there is room for improvement.

EVALUATION OF LEARNING DIFFICULTIES IN EPILEPTIC CHILDREN WITH IDIOPATHIC GENERALIZED EPILEPSY AND WELL-CONTROLLED SEIZURES

Submitted by Alexia Prassouli

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INTRODUCTION: Children with symptomatic epilepsy have more learning difficulties (LDs) than those with idiopathic or cryptogenic epilepsies. However, there is little information on the prevalence of LDs in well-defined pediatric epileptic populations.

OBJECTIVE: Our goal was to evaluate LDs in epileptic children.

METHODS: We evaluated LDs in 37 epileptic children (18 boys and 19 girls; mean age: 8.29 ± 1.00 years) who had idiopathic generalized epilepsy (IGE) and were being treated with sodium-valproate monotherapy (22 with generalized tonic-clonic seizures and 15 with absence epilepsy). The mean duration of epilepsy and treatment was 3.48 ± 1.88 and 2.96 ± 1.80 years, respectively. All children attended mainstream schools, and their seizures were well controlled (without seizures for at least 6 months). We used the Athina Test for the Diagnosis of Learning Difficulties, a test that is partly

based on the Illinois Test of Psycholinguistic Abilities, standardized in healthy Greek children.

RESULTS: Children with IGE performed significantly poorer in all subtests except the auditory closure subtest (Table 1). No significant difference was found between the 2 subgroups. A negative correlation was found between disease duration and the score in auditory memory ($r = -0.368$; $P = .025$).

TABLE 1. Athina Test for the Diagnosis of LDs

	Subjects With Inadequate Performance, %		*P*
	Children With IGE	Healthy Children	
Auditory memory	64.9	9.0	.000
Visual memory	43.2	9.0	.000
Grammatic closure	43.2	9.0	.000
Auditory closure	16.2	9.0	.125
Graphophonological awareness	32.4	9.0	.000
Visual-motor coordination	43.2	25.0	.010

CONCLUSIONS: Our results suggest an increased risk of LDs in children with IGE and well-controlled seizures. Early detection of the cognitive impact of IGE and subsequent intervention are needed to prevent educational underachievement.

MULTIDISCIPLINARY MEDICAL EVALUATION OF CHILDREN YOUNGER THAN 7.5 YEARS BORN AFTER PREIMPLANTATION GENETIC DIAGNOSIS FOR MONOGENIC DISEASES

Submitted by Loretta Thomaidis

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INTRODUCTION: The growing cohort of children conceived after preimplantation genetic diagnosis (PGD) techniques underlines the importance of evaluating potential risks for their developmental outcome. There are some data concerning the incidence of congenital anomalies, medical status, and cognitive development of children conceived after PGD techniques, based mainly on reports and not on objective medical evaluation.

OBJECTIVE: We sought to perform multidisciplinary evaluation (physical, genetic, and developmental) of 31 children conceived after PGD techniques (aged 30 days to 7.5 years) and the stress level of parents who used PGD regarding their parental role.

METHODS: Among 24 couples at risk for transmitting monogenic diseases and with an unsuccessful reproductive history, 31 children conceived after PGD techniques were examined. Genetic examination was performed by 2 independent geneticists, and developmental assessment included formal testing of cognitive and motor skills (Bayley scales, Griffiths scales, Athina test). Parental stress was measured by using the Parent Stress Index-Short Form (PSI-SF), a self-report questionnaire that assesses parental stress. The PSI-SF was also completed by 35 parents of naturally conceived, healthy children matched for age, gender, and socioeconomic level.

RESULTS: A high rate of cesarean deliveries were reported, but no higher risk was found for perinatal complications. The increased incidence of prematurity and low birth weight among children conceived after PGD techniques did not seem to affect their growth development later in life. Major malformations (cardiac, gastrointestinal, urogenital, skeletal) were present in 4 (12.9%) of 31 children, with a discrepancy between singletons and multiples. A significant number of children conceived after PGD techniques (6 of 31 [19%]), mostly multiple, premature, and small-for-gestational-age infants, experienced low levels of cognitive, verbal, and perceptual abilities (Global Development Quotient scores of <85). Parents who used PGD experienced lower levels of parenting stress compared with controls ($P < .05$).

CONCLUSIONS: Children conceived after PGD techniques seem to be at greater risk for exhibiting congenital malformations and lower cognitive skills. Whether these observations are linked to the PGD procedure itself, rather than to subfertility, multiplicity, or prematurity, is a question that is difficult to answer. An unexpected finding was that once parents who used PGD finally had what they struggled for (a healthy infant), the stresses of parenthood may have been offset by a broader sense of fulfillment.

LINGUISTIC DEVELOPMENT OF CHILDREN WITH WILLIAMS SYNDROME: A CONTROL STUDY

Submitted by Loretta Thomaidis

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INTRODUCTION: Williams Syndrome (WS; Online Mendelian Inheritance in Man No. 194050) is a rare

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