

SUMMARY & CONCLUSION

Starting from 1980s, several trials were reported to find relations between rheumatic fever and psychiatric disorder. These trials were depending on both disorders (Rheumatic fever and psychiatric symptoms e.g ADHD) are due to basal ganglia dysfunction.

This work was done aiming to identify children with attention deficit hyperactivity symptoms among patients with rheumatic fever as they to share a common pathogenesis.

Thirty five (35) patients with history of rheumatic fever and five (5) patients with history rheumatic chorea were examined stressing on cardiac, neurological and psychiatric assessment according to DSMIV criteria (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) and conner's parent rating scales.

Forty (40) age and sex matched children served as controls.

We reported female predominance in rheumatic chorea cases, and also female predominance in rheumatic fever cases.

Sera from cases and controls were taken and examined for presence of rheumatic activity using ESR test.

In our study rheumatic fever and chorea cases showed significantly higher mean ESR level than controls.

Our study showed that the mean ESR level was higher in cases with ADHD than cases without ADHD.

The incidence of attention deficit hyperactivity symptoms was as follow:

17% of rheumatic fever patients had developed attention deficit hyperactivity symptoms.

20% of rheumatic chorea patients had developed attention deficit hyperactivity symptoms

5% of controls had developed attention deficit hyperactivity symptoms.

Attention deficit hyperactivity symptoms were more frequent among rheumatic chorea patients than rheumatic fever patients and controls.

Our study reported that there was female predominance in ADHD cases (Males 6.97%, females 16.2%).

There was female predominance in inattentive type of ADHD cases (Males 2.4%, females 10.5%).

We also reported male predominance in hyperactive impulsive type of ADHD cases (Males 2.4%, females 0%).

The most prominent subtype of ADHD was inattentive subtype (12.5%) followed by the combined subtype (3.75%) and the least was the hyperactive impulsive subtype (1.2%).

By using conner's parent's rating scales, 5(12.5%) of rheumatic patients and 1(2.5%) of controls met the score (≥ 58) of conner's score for ADHD. Cases with rheumatic chorea showed higher conner's score than rheumatic fever i.e (More ADHD symptoms).