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Early Soft Neurological Signs and Later Psychopathology

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Total population studies, as well as studies of children selected for neurological rather than psychiatric disorders, have shown that children with unequivocal brain damage or epilepsy have considerably higher rates of psychiatric, learning, and cognitive problems than children who are neurologically intact (Rutter, 1977; Rutter, Graham, & Yule, 1970; Shaffer, 1977; Shaffer, McNamara, & Pincus, 1974). However, the relationship between lesser neurological disturbance (i.e., minimal brain dysfunction, or MBD) and psychiatric disorder remains a matter of controversy.

The concept of an MBD syndrome has generally included behavioral deviancy, most commonly taking the form of hyperactivity or inattention, learning difficulties and cognitive abnormalities, and a characteristic response to stimulant treatment. These have been linked to various indicators of neurological impairment, most frequently a history of perinatal morbidity and the presence, on examination, of neurological signs or EEG abnormalities that fall short of being indicative of a classical neurological disease or defect state.

The controversy centers around two issues: first, whether or not the psychological correlates are specific in their relationship to neurological dysfunction, i.e., can they be regarded as pathognomonic, either alone or as a syndrome (see Shaffer, 1980); and second, whether the components are found together with any frequency in the clinical population.