

Letters

among the eating-disordered population are currently unknown, clinician familiarity with these issues will facilitate readiness to identify such purging behavior and intervene accordingly.

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Attention-Deficit Hyperactivity Disorder, Methylphenidate, and Primary Encopresis

TO THE EDITOR: Despite an increase in our knowledge regarding en-

copresis and its manifestations and the variety of intervention strategies available, the disorder remains difficult to treat.

This letter reports a clinical observation of two boys (ages 9 and 10 years) who were diagnosed as suffering from severe attention-deficit hyperactivity disorder (ADHD) and coexistent encopresis. When treated with methylphenidate (MPH) to manage the ADHD, they responded with immediate improvement in ADHD symptoms, accompanied by amelioration of encopresis symptoms.

In addition to the above-mentioned symptoms, the two boys had a history of developmental disabilities (poor motor functioning in both boys and language delay in one). Both met DSM-IV criteria for primary encopresis, nonretentive type. They were followed up in a child-and-adolescent outpatient clinic, where they received MPH slow-release treatment.

The doses were adjusted to 0.5 mg/kg (maximum dose: 20 mg/day). The ADHD improvement was assessed by the ADHD Rating Scale,¹ which showed marked decreases in ADHD symptom severity in the first 2 weeks of MPH treatment (approximately 50% and 65%). In one of the two children, the encopretic behavior stopped in the first week of MPH treatment. In the second child, encopresis was ameliorated within 3 weeks. Before MPH treatment, the encopretic events had occurred daily. After MPH treatment, a follow-up period of 6 months revealed no signs of encopresis. Both children had previously undergone behavioral treatment programs geared to toilet-training skills, with no success. Because of the relatively rapid response of encopresis to MPH treatment, it seems that the drug treatment is responsible for the anti-encopretic effect.

Johnston and Wright² evaluated

the prevalence of ADHD among children with encopresis. They found it to be 10 times more frequent than in the general population. It should be noted that boys with primary encopresis were more likely to have developmental delays than boys with secondary encopresis.³

It is unknown which underlying mechanisms contribute to the improvement in encopresis in children, but one can speculate that successful treatment for ADHD with MPH, in addition to improving executive functioning, working memory, and impulse control, may also improve self-organizing skills and lead to alleviation and stable remission in primary encopresis.

The neurobiological relationship between ADHD, primary encopresis, and MPH administration is as yet unclear; however, it seems that some ADHD/encopretic patients may benefit from MPH.

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Self-Amputation of the Nipples and Penis in a Nonpsychotic, Non-Gender-Dysphoric Man

TO THE EDITOR: Genital self-mutilation in men is relatively rare and