diagnostic delay, nocturnal disturbed sleep, shorter sleep latency and greater number of Sleep Onset REM Periods at Multiple Sleep Latency Test. On the other hand, treatment and disease duration, positively influenced the behavioral evolution. The psychosocial health of pediatric NC also turned out to be worse than in healthy controls, while the physical health showed no significant differences.

Conclusions We found a specific psychopathological profile in a large pediatric NC sample, compared with another neurological chronic disease (epilepsy) and healthy controls. Symptoms of withdrawal, depression and somatic complaints, were specific of NC, and not observed in the two other groups. Effective treatment, and self-awareness of the disease should be promoted in NC children for the positive impact on behaviour and psychosocial health.

ADHD and sleep-problems frequently overlap and their relationship is complex and bidirectional. The association between ADHD and sleep-problems has been little studied in our community.

Objectives To find out the frequency of sleep-problems among ADHD children from 6–14 year old in Andalusia, Spain.

Methods Prevalence study. Target population: school-students 6–14 years presenting patient out-patient clinic. Preventive care assessment of preschool-aged children should be questioned their sleep problems.

Results N=1963. Meet criteria-DSM-IV-R-ADHD=157, male=111, female=46; ADHD-IA=62, ADHD-Hi=31, ADHD-C=64; control=197Comorbidity ADHD-sleep-problems: Sleep-problems in the first year of life: 36%-ADHD, 25%-control. (p=0.05) Bedtime resistance: 30%-ADHD, 6%-control.(p=0.000). Daytime sleepiness: 10%-ADHD, 1.5%-control. (p=0.000). Night- Awakenings: 14%-ADHD, 2%-control. (p=0.000). Snoring: 20%-ADHD, 5.6%-control.(p=0.000) Sleepwalking and sleep terrors:14%-ADHD, 2.5%-control.(p=0.000). Periodic limb movements in sleep: 51%-ADHD, 8%-control.(p=0.000). Enuresis: 18%-ADHD, 4.6%-control.(p=0.000)Regular time for bed: only 36%-ADHD. Bedsharing: 18%-ADHD, ≥3 sleep problems: 36%-ADHD. 12%- control. The association between ADHD subtypes and sleep-problems showed significant differences.

Conclusions The children with ADHD had more sleep-problems that control children.

The relationship between sleep disorders and ADHD should be considered by paediatricians as part of the global approach to the management of ADHD.

The purpose of this study determine sleep pattern, sleep disorders and factors affecting on preschool-aged children.