

## What Is Tourette Syndrome?

Tourette Syndrome (TS) is a neurological disorder characterized by tics – multiple involuntary movements or uncontrollable vocalizations that occur repeatedly. Typically, tics increase as a result of tension or stress, and decrease with relaxation or when the person is absorbed in certain tasks. The onset of TS is usually between the ages of 5 and 12, and it occurs in all ethnic groups. Males are affected 3 to 4 times more often than females.

## What are the symptoms?

- Multiple motor and vocal tics, not necessarily simultaneously (Tics are uncontrollable movements or noises)
- Occurrence of tics many times a day, nearly every day or intermittently
- Periodic changes in the number, frequency, type, severity and location of the tics, symptoms can sometimes disappear for weeks or months at a time
- Onset before the age of 18

### Examples of tics:

- Motor (movement) – Eye blinking, shoulder shrugging, facial grimacing, smelling objects, twirling, touching, kicking, spitting;
- Vocal (noise) – Throat clearing, yelping, sniffing, tongue clicking, uttering sounds, words or phrases, repeating words and phrases.

The range of tics and symptoms can be very broad, complex and confusing. It may be difficult for people to believe that the movements or noises are involuntary.

People with TS may shout obscenities uncontrollably (*coprolalia*) or repeat the words of other people constantly (*echolalia*). They may touch other people or repeat actions excessively. A few people with severe TS show self-harming behaviors such as lip and cheek biting and head banging.

## How is it diagnosed?

Tourette Syndrome is generally diagnosed by obtaining a description of the tics and a thorough family history. Neuroimaging studies such as magnetic resonance imaging (MRI), computerized tomography (CT) and electroencephalogram (EEG), and blood tests may be used to rule out other conditions that may be confused with TS. The diagnosis of TS is a clinical diagnosis – there are no blood tests or other laboratory tests that definitively diagnose this disorder.

Tourette Syndrome may occur with other conditions. These include:

- Obsessive Compulsive Disorder (OCD): Obsessions are intrusive thoughts, images, or impulses that provoke anxiety and interfere with normal functioning. Compulsions are behaviors that are used to reduce the anxiety accompanying the obsessions;
- Attention Disorders with/without Hyperactivity (ADD or ADHD): Difficulties in paying attention, staying on task, finishing school work or chores, and controlling impulses.
- Mood Disorders, Depression & Bi-polar Disorders: Conditions that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities;
- Oppositional Defiant Disorder (ODD): A persistent pattern of negative, hostile, disobedient, and defiant behavior in a child or teen without serious violation of the basic rights of others;
- Learning Disabilities: A condition in which one or more of the basic processes involved in the ability to listen, think, speak, read, write, spell or do mathematical calculations;
- Sensory Integration Disorder: Inability to take in, sort out, and connect information from the world around us.

## Can people with TS control their tics?

People with TS can sometimes hold back their tics for a short time, but the effort is similar to that of trying to suppress a sneeze. Sooner or later the tic escapes.

## Is there any treatment?

Many people with TS require no medication, but medication is available to help when symptoms interfere with education and daily living. TS medications are only able to help reduce specific symptoms. Neuroleptic (used to control seizures) and antihypertensive (to control high blood pressure) drugs can have long- and short-term side effects, and use of stimulants is controversial. Relaxation techniques and biofeedback may be useful in alleviating stress. Individual and family therapy are helpful, as are academic and occupational interventions.

It is particularly important to be cautious with the use of stimulant medications to treat Attention Disorders in children who have a close relative with TS. Stimulant medications may trigger or increase the severity of tics.

## What is the prognosis?

There is no cure for TS; however, the condition improves in many individuals as they mature. Individuals with TS can expect to live a normal life span. Although TS is generally lifelong and chronic, it is not degenerative. In a few cases, complete remission occurs after adolescence.

Adults with TS may require modification in their employment situations, such as a private place where they can go when they can no longer control their tics or less stressful tasks or surroundings.

## What can parents do to help?

1. Reassure your child that you love him no matter what.
2. Help your child to find ways to relax as tics are likely to increase when he/she is stressed.
3. Make your home a safe haven where your child does not have to worry about being teased or ridiculed because of his tics
4. Provide your child/adolescent with access to mental health services to help him deal with the difficulty of growing up with a chronic condition which very often makes him the brunt of bullies and teasing.
5. Help your child gain confidence to educate friends and classmates about his condition.
6. Help your child develop ways to respond to teasing or questions.
7. Work with your child's teachers, coaches, etc., to help them understand your child's condition and to suggest ways they can work with your child.

To learn about area services and support groups for individuals and families dealing with Tourette Syndrome contact the Tourette Syndrome Association, Inc.-Rocky Mountain Region, at 303-832-4166, or visit their website at [www.sensiblenet.com/tsa](http://www.sensiblenet.com/tsa)

## For more information about TOURETTE SYNDROME

### CONTACT:



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*Disability Brochure #20*



## Characteristics and Coping Strategies

## Parent Information Center

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