

Patient with Tics

Tics: Sudden twitches, movements, or sounds done repetitively. They are typically suppressible.

Motor: Movements of face, body, limbs

Vocal: Noises from nose, mouth, or throat

Examples: Eye blinking or rolling, sniffs, quick head jerks, shoulder shrugs, throat clearing, grimaces, humming, pursing lips

*COUNSELING ON TICS:

Tics are sudden, repetitive, non-rhythmic movements or vocalizations. Tics are common and may be experienced by about 10% -25% of boys, and slightly less in girls. They may run in families. Tics will wax and wane in frequency, often with no apparent reason. Some will note, however, that periods of stress or anxiety will worsen tics. They may be diminished during periods of relaxation or intense concentration. It is common for tics to decrease or disappear in adolescence, though many people will continue to have tics into adulthood. Tourette's Syndrome is a combination of motor tics with at least one vocal tic for one year or longer. The term "Tourette" does not imply severity as many patients with Tourette's have mild tics.

Usually, tics are completely harmless. However, sometimes tics are bothersome or painful; in such situations, treatment may be needed. Medications can be prescribed to reduce the tics. Behavioral Therapy called "Comprehensive Behavioral Intervention for Tics" (CBIT) may be helpful in certain circumstances. Complete elimination of tics is not the goal of treatment, and it is not realistic to expect all tics to disappear with treatment.

Attention Deficit Disorder (ADD) anxiety, and obsessive-compulsive symptoms occur frequently with Tourette's Syndrome or tics. Often these associated conditions may be much more problematic than the tics and medications, or behavioral therapy for these conditions may be needed or treatment instead of or in addition to treatment for tics themselves.

People with Tourette's Syndrome are treated the same way as others with tics: if the tics are persistently bothersome or painful, medication or other intervention may be used. If tics are not bothersome, then it is recommended to ignore them, not ask about them, not bring attention to them --as doing so may actually worsen tics.

Yes

Suspected seizure, regression, developmental delay?
Neurological exam abnormal?

No

Yes

Refer to Neurology, order EEG if seizure suspected

2 motor AND 1 vocal tics both present for >12 months (may come and go)?

No

Dx= Tic disorder

Yes

Dx= Tourette syndrome

Are the tics bothersome, painful, or impairing TO THE CHILD?

Yes

Refer to Neurology, consider starting guanfacine, evaluate for anxiety, OCD, ADHD. Counsel on tics*

No

Counsel on tics*, reassurance, screen for ADHD, Anxiety, obsessive/compulsive symptoms. Neurology referral not necessary

Guanfacine

Initial dose: ½ mg BID or QHS, advance by ½ mg weekly to 1 mg BID.

Effects typically noted after 3-4 weeks of consistent dosing.

Side Effects: tiredness, lightheadedness

Contraindications:

Hypersensitivity to guanfacine, cardiac conduction problems, hypotension

If ADD/ADHD present, consider dealing with guanfacine or stimulant. Advise that stimulant meds may worsen tics, but do not always worsen tics.
If Anxiety or OCD suspected, refer to Psychology and/or Psychiatry.
Should be done while awaiting Neurology evaluation, if referred.