

Tourette's Syndrome

Tourette's Syndrome is a neurological condition (affecting the brain and nervous system), characterised by a combination of involuntary noises and movements called tics.

It usually starts during childhood and continues into adulthood. In many cases Tourette's Syndrome runs in families and it's often associated with obsessive compulsive disorder (OCD) or attention deficit hyperactivity disorder (ADHD).

Tourette's Syndrome is named after the French doctor, Georges Gilles de la Tourette, who first described the syndrome and its symptoms in the 19th century.

So let's deal with the most obvious straight away.....

IT IS VERY IMPORTANT to realise that while swearing is often associated with Tourette's Syndrome, it is actually a fairly uncommon symptom affecting a **minority** of people with the syndrome.

Tics

Tics can be:

- **vocal (sounds)** – such as grunting, coughing or shouting out words
- **physical (movements)** – such as jerking of the head or jumping up and down

They can also be:

- **simple** – making a small movement or uttering a single sound
- **complex** – making a series of physical movements or speaking a long phrase

Most people diagnosed with Tourette's Syndrome have a combination of physical and vocal tics, which can be both simple and complex.

The tics don't usually pose a serious threat to a person's overall health, although physical tics, such as jerking of the head, can often be painful. However, children and adults with Tourette's Syndrome may experience associated problems, such as social isolation, embarrassment and low self-esteem.

What causes Tourette's Syndrome?

The cause of Tourette's Syndrome is currently unknown. However, it's thought to be linked to problems with a part of the brain known as the basal ganglia, which helps regulate body movements.

In people with Tourette's Syndrome, the basal ganglia 'misfire', resulting in the characteristic tics.

Treating Tourette's Syndrome

There is no known cure for Tourette's Syndrome, but treatment can help to control the symptoms.

If your child is diagnosed with Tourette's Syndrome, their treatment plan may involve a type of psychological therapy, known as behavioural therapy.

Two types of behavioural therapy have been shown to reduce the impact and intensity of tics in some people. These are described below.

- **Habit reversal therapy** – involves monitoring the pattern and frequency of the tics and identifying any sensations that trigger them. The next stage is to find an alternative, less noticeable method of relieving the sensations that cause a tic (known as premonitory sensations). This is known as a competing response.
- **Exposure with response prevention (ERP)** – involves increasing exposure to the urge to tic to suppress the tic response for longer. This works on the theory that you get used to the feeling of needing to tic until the urge, and any related anxiety, weakens.

When the tics are more frequent or severe, medication can help to improve them, such as alpha2-adrenergic agonists, muscle relaxants and dopamine antagonists.

Surgery may be recommended in particularly severe cases that don't respond to treatment. However, surgery for Tourette's Syndrome is rare.

Associated conditions

Children with Tourette's Syndrome will usually also have one or more other developmental or behavioural conditions.

The two most commonly reported conditions are:

- **Obsessive Compulsive Disorder (OCD)** – a condition characterised by unwanted persistent obsessive thoughts and useless compulsive behaviour, for example, a compulsion to keep washing your hands due to a fear of catching a serious illness
- **Attention Deficit Hyperactivity Disorder (ADHD)** – a behavioural condition with symptoms such as a short attention span, being easily distracted, a tendency to be impulsive and not being able to sit still because you are constantly fidgeting (hyperactivity)

Children with Tourette's Syndrome may also have other behavioural problems, such as flying into a sudden rage, or behaving inappropriately or anti-socially with other children.

In many cases, these associated conditions and behavioural problems can be more disruptive and troublesome than the tics of Tourette's Syndrome, and are the main focus of treatment.

Outlook

In around two-thirds of cases of Tourette's Syndrome, symptoms improve significantly (usually around 10 years after they started).

In many of these cases, medication or therapy will no longer be needed to control the person's tics. Some people's symptoms become less frequent and troublesome, or they disappear completely.

In one third of people with Tourette's Syndrome, the symptoms continue throughout their life. However, they usually become milder as the person gets older. This means the need for medication and therapy may pass over time.

Who is affected by Tourette's Syndrome?

Tourette's Syndrome is more common than most people realise. It affects around one in every 100 people.

The symptoms of Tourette's Syndrome usually begin at around seven years of age and become most pronounced at 10–11 years. For unknown reasons, boys are more likely to be affected by Tourette's Syndrome than girls.

Symptoms of Tourette's Syndrome

If your child has tics, it doesn't necessarily mean they have Tourette's syndrome. Children often develop tics before growing out of them after several months. These are known as transient tics.

For tics to be classified as Tourette's Syndrome, they have to be present for at least a year and include at least one vocal tic.

Tics can be:

- **vocal (sounds)** – such as grunting, coughing or shouting out words
- **physical (movements)** – such as jerking of the head or jumping up and down

Tics can also be:

- **simple** – for example, making a small movement or uttering a single sound
- **complex** – for example, making a series of movements or speaking a long phrase

Most people diagnosed with Tourette's Syndrome have a combination of physical and vocal tics, which can be both simple and complex.

Simple vocal tics

Examples of simple vocal tics include:

- grunting
- clearing the throat
- coughing
- screaming
- sniffing
- squeaking
- blowing

Simple physical tics

Examples of simple physical tics include:

- blinking
- jerking the head
- twitching the nose
- teeth grinding
- rolling the eyes
- twisting the neck
- rotating the shoulders

Complex vocal tics

Examples of complex vocal tics include:

- repeating other people's phrases (echolalia)
- repeating the same phrase over and over again (palilalia)
- swearing loudly or shouting inappropriate words and phrases (coprolalia)

Complex physical tics

Examples of complex physical tics include:

- shaking the head
- hitting or kicking objects
- jumping
- shaking
- touching themselves or others
- copying the movements of others (echopraxia)
- making obscene gestures, such as giving someone 'the finger' (copropraxia)

Premonitory sensations

Most people with Tourette's Syndrome experience uncomfortable or unusual feelings before having a tic. These feelings are known as premonitory sensations.

Premonitory sensations are only relieved after the tic has been carried out, in a similar way to how an itch can only be relieved by scratching it.

Examples of premonitory sensations include:

- a burning feeling in the eyes that feels as if it can only be relieved by blinking
- tension in a muscle that can only be relieved by twitching or stretching the muscle
- a dry or sore throat that can only be relieved by grunting or by clearing the throat
- an itchy joint or limb that can only be relieved by twisting the joint or limb

Pattern of tics

If your child has Tourette's Syndrome, their tics will probably tend to follow a set pattern. They may be worse during periods of:

- stress
- anxiety
- tiredness
- illness
- nervous excitement
- relaxation after a busy day

On the other hand, the tics are often reduced when they're doing an enjoyable activity involving a high level of concentration, such as reading an interesting book or playing competitive sports.

You may find your child is able to control their tics when they're in situations where they would be particularly noticeable, such as in a school classroom. However, controlling tics can be difficult and tiring over prolonged periods of time.

Many children with Tourette's Syndrome often experience a sudden 'release' of tics after trying to suppress them – for example, after returning home from school.

When to seek medical advice

You should contact your GP/Family Doctor if either you or your child starts experiencing tics.

Many children have tics for several months before growing out of them, so a tic doesn't necessarily mean your child has Tourette's syndrome.

However, symptoms such as tics do need to be investigated.