

Tourette Syndrome affects up to one in 2,500 people. It is a genetic disorder. Either parent can pass on a vulnerability to develop Tourette Syndrome. 70% of female carriers show symptoms but 99% of male carriers show symptoms. In 10-15% of Tourette Syndrome patients there is no genetic cause.

Treatment is by drugs. Up to 80% benefit from haloperidol and other drugs are available. ADHD children who also have Tourette Syndrome should avoid stimulant medication. Other treatment includes genetic counselling, information for parents, carers and teachers and counselling.

**Further information is available from:**

Tourette Syndrome (UK) Association,  
Southbank House  
Black Prince Road  
London  
SE1 7SJ  
Tel. 0845 458 1252

**E-Mail:** [help@tourettes-action.org.uk](mailto:help@tourettes-action.org.uk)

# **Educational Psychology Service**

## **Information for Parents**

### **Tics and Tourette Syndrome**

## Tics

**Tics** are involuntary, rapid, repetitive movements of individual muscle groups.

**Transient tic disorders** often begin pre-school and occur in up to 5% of children. They include eye blinking, nose puckering, grimacing and squinting. Less common, are throat sounds, humming or other noises. Sometimes they are bizarre, like licking the palm or poking and pinching the genitals. Transient tics last for less than a year, but a series of tics may occur over several years. They are not usually associated with other problems. They increase with excitement or fatigue and boys are three or four times more likely than girls to have them.

**Chronic tic disorders** persist unchanged over many years.

**Chronic multiple tics** can also occur.

## Tourette Syndrome

**Tourette Syndrome** is the most debilitating tic disorder. There are multiform, frequently changing motor and phonic tics. For a diagnosis, there must be onset before the age of 21, recurrent involuntary rapid purposeless motor movements affecting multiple muscle groups, one or more vocal tics, waxing and waning intensity of the tics over weeks to months and a duration of more than one year. There are often associated problems with attention, compulsions and obsessions.

Examples of **simple motor tics**: eye blinking, grimacing, nose twitching, lip pouting, shoulder shrugging, arm jerking, head jerking, abdominal tensing, kicking, finger movements, jaw snapping, tooth clicking, frowning, tensing parts of the body, rapid jerking of any part of the body.

Examples of **complex motor tics** are: hopping, clapping, touching objects, throwing, arranging, gyrating, bending, biting the mouth lip or arm, head banging, arm thrusting, striking out, picking scabs, writhing movements, rolling eyes, funny expressions, sticking out the tongue, kissing, pinching, writing over the same letter or word, pulling back on a pencil while writing, tearing paper or books.

## Vocal symptoms – some examples:

**Simple vocal tics**: coughing, spitting, screeching, barking, grunting, clacking, whistling, hissing, sucking sounds, syllables such as “uh uh” “eee” and “bu”.

**Complex vocal tics**: “Oh boy” “you know” “shut up” “you’re fat” “all right” “what’s that?”

**Rituals**: repeating a phrase until it sounds “just right”, saying something over three times.

**Untypical speech**: unusual rhythms, tone, accents, loudness, very rapid speech.

**Coprolalia**: obscene, aggressive or otherwise socially unacceptable words or phrases.

**Palilalia**: repeating one’s own words or parts of words.

**Echolalia**: repeating sounds, words or parts of the words of others.

Tourette Syndrome can be mild, moderate or severe. Extremely frequent tics can occur up to 30 times per minute. Patients may have uncountable motor and vocal tics during all their waking hours with paroxysms of full-body movements, shouting or self-mutilation. Despite this, they may be adequately socially adjusted, though with emotional difficulties. Others succumb to depression. Sufferers may be able to inhibit symptoms at school or work but on arrival home may erupt violently and remain at a high level for the rest of the day. A doctor may see someone symptom free, who on leaving the office begins to hop, flail or bark. Life changes such as holidays may trigger an increase in symptoms, and in children these can take weeks to subside. Seasonal or other changes can also start a phase lasting 1-3 months.

It may be difficult to distinguish Tourette Syndrome from ADHD because of attention deficits and impulsivity. At least half of Tourette Syndrome children also have ADHD. Long term educational problems are common in both groups. Tourette Syndrome can occur in association with a number of neurological or other disorders. Autistic children may have all the Tourette Syndrome symptoms. There may also be irritability, aggressiveness, immaturity, self-injury and depression.

There is a very high overlap between Tourette Syndrome and obsessive-compulsive disorder, which may also be disabling. Obsessions are thoughts, images or impulses that intrude on consciousness, are involuntary and distressing, and cannot be abolished despite being perceived as silly or excessive. Compulsions are the behaviours carried out as a result of the obsessions. They include rituals of counting, checking, washing and cleaning