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FULLY BOOKED

Friday, August 12, 2016 (Room 6)

16:30 - 18:30 WS #52: Paediatric Forum (120mins - not repeated)

Tic disorders and Stereotypies

Paul Shillito

Topics For Discussion

- Tics
  - What are tics
  - The spectrum from simple tics to Tourettes
  - Associated features
  - Prognosis

- Stereotypies
  - What are they
  - Yes they occur in normal children
  - They are also seen in autistic children

What are tics ?

- Simple or complex movements and/or phonations

- Involuntary
- Sudden onset
- Short duration but repetitive
- Non-rhythmic

Commonest tics

- Eye blinking
- Mouth opening
- Head jerking
- Nose twitching
- Shoulder shugging
- Arm jerking

- All above are simple motor tics

Simple tics

Complex tics

- Hopping
- Touching
- Biting
- Bending
- Twirling
- Stamping

- Rarely dystonic tics where position is held for a few seconds

Phonations or vocal tics

- Simple
  - Coughing and throat clearing
  - Grunting
  - Hooting or sniffing
- Complex
  - Echolalia
  - Palilalia
  - Coprolalia

Tic characteristics

- Most begin between 4-8 yrs of age
- Motor before vocal
- Usually begin in head and neck
- Fluctuate in severity/frequency
- Suggestible
- Increase with stress, anxiety or excitement
- Can be suppressed for short periods
- There is a urge or need to do them
- May be worse when period of relaxation follows attempts too suppress them

Epidemiology

- Very common
  - 20-30% primary school children
  - 5% parents will recognise a few tics and call them habits
  - 1% parents will be troubled by their child’s tics

Prognosis of tics

- Most have transient tic disorder
  - Duration < 1 year

- Minority will have chronic tic disorder
  - Duration > 1 year
  - Prognosis probably as for Tourette

Tourette Syndrome

- Motor and vocal tics for longer than 1 year
- Onset before age 18
- Most onset before age 11
- 10-20% show coprolalia

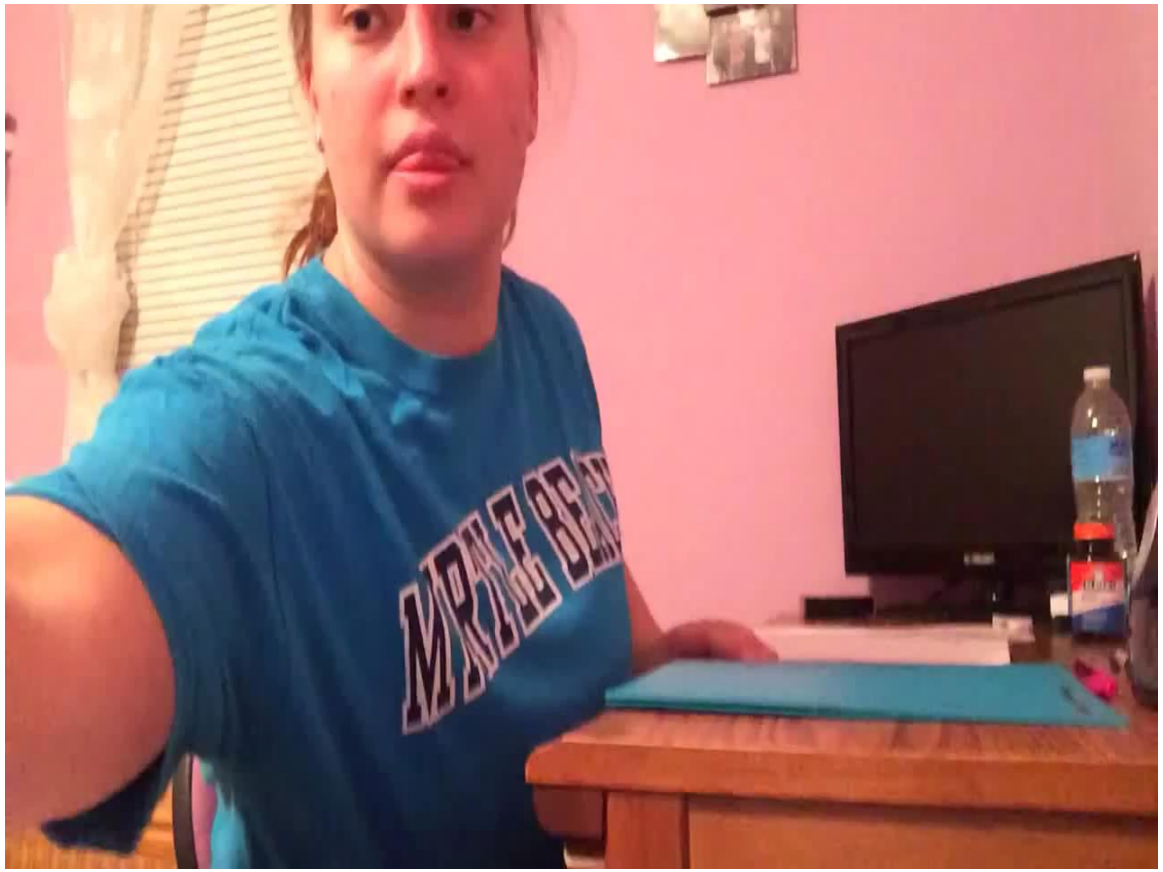
Tourette Syndrome prognosis

- Rule of 1/3

- 1/3 disappear by adolescence
- 1/3 better with minimal problems as adult
- 1/3 continue into adulthood

- < 20% consider they are impaired
- ~5% have severe problems

Tourette Syndrome



Comorbidities of chronic tic and Tourette syndrome

- Occur in ~ 80 %
  - ADHD
  - Anxiety
  - OCD
  - Specific learning disability
- Most adults consider the comorbidities to be worse than the tics

Treatment

- Reasurrance

- Look for and treat comorbidities
  - Anxiey and OCD
    - Behavioural modification
    - Fluoxetine
  - ADHD
    - Stimulants work but may make tics worse
    - Clonidine less effective but may help tics

Tic treatment

- Stop telling the child to stop it
- Treat anxiety
- Clonidine
- Dopaminergic agents

Stereotypies

- Think of them as complex behaviours
- Repetitive, purposeless, bizarre often rhythmic
  - Hand flapping
  - Rocking
  - Thumb sucking
  - Hair twirling
  - Staring at an object
  - Covering ears
- No urge to do it

Benign non autistic stereotypy

Stereotypies

- Found in 20% of normal children
- Found as part of autism
  - Never the sole manifestation of ASD
- No drug treatments