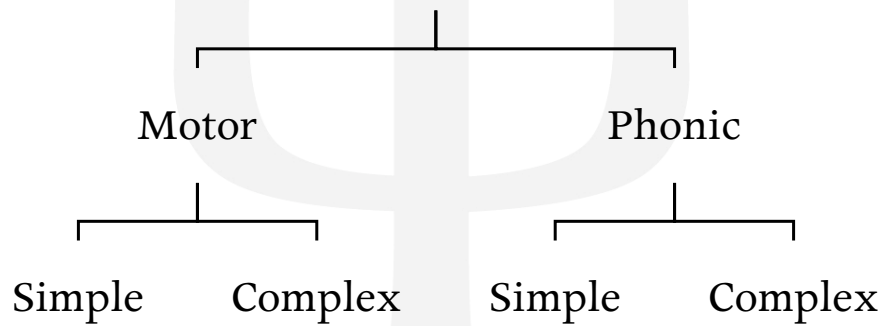


TIC DISORDERS IN YOUTH

WHAT IS A TIC?



MOTOR TICS

Simple - sudden brief, meaningless movements

Eye blinking, eye movements, grimace, mouth movements, head jerks, shoulder shrugs

Complex - slower, longer, more “purposeful”

Multiple simple tics occurring in an orchestrated pattern, facial gestures, touching objects or self, hand gestures, gyrating or bending, dystonic postures, copropraxia (obscene gestures)

PHONIC TICS

Simple - sudden meaningless sounds or noises

Throat clearing, coughing, sniffing, spitting, animal noises, grunting, hissing, sucking, other simple sounds

Complex - sudden, more “meaningful” utterances

Syllables, words, phrases (“shut up”, “stop that”)

Coprolalia (obscene, aggressive words)

Palilalia (echo self)

Echolalia (echo others)

TYPES OF TIC DISORDERS

Transient Tic Disorder

Tics occurring longer than four weeks but less than one year

Chronic Motor / Vocal Tic Disorder

Motor or vocal tics (not both) occurring for longer than one year

Tourette's Disorder

TOURETTE'S DISORDER

DSM-IV-TR diagnosis requires:

- Presence of both motor and phonic tics
- Prevalence greater than one year
- Occurrence of tics multiple times per day
- Onset before age 18
- No tic-free period longer than three months

Effects approximately 0.04-0.05% of people

120-150,000 individuals in United States

TOURETTE'S DISORDER

Typical age of onset is 5-6 years old

Often starts with simple facial tics, then progresses to more complex and motor tics

Many more males than females diagnosed

2-5:1 ratio seen in clinics and epidemiological studies

Associated with very high levels of comorbid disorders and symptoms

TIC FREQUENCY

97.7% Simple motor tics

43.2% Eyes

43.2% Mouth

34.1% Facial

75.0% Simple vocal tics

13.6% Coprolalia

TOURETTE'S & COMORBIDITY

Obsessions and compulsions – 50%

Depression – 41%

Attentional problems, hyperactivity – 50-75%

Learning disabilities – 51%

Panic attacks – 13%

ETIOLOGY

Very strong genetic basis

Twin studies show 86% concordance for MZ

Family members 150 times more likely to have tics than general population

Associated perinatal and postnatal insults

Low birth weight, maternal stress, chemical exposure, placental insufficiency, gestational diabetes

WHAT CAUSES TICS?

Appears to be an irregularity of the neurotransmitters dopamine and serotonin

There is no "cure," but symptoms tend to decrease after adolescence in most people

Treatment options include drugs and therapy

Anticonvulsants and neuroleptics are useful for some, but have very negative side effects

CAN'T THEY CONTROL IT?

Short answer: No

Control and severity waxes and wanes over the day

Best analogy for most people is a sneeze

You can feel it coming on, can hold it off for a little while, but ultimately you have to let it out

The longer most people hold it in, the greater the severity when it is let out

HOW A TIC HAPPENS

Sensory event or
premonitory urge



State of inner
conflict over if
and when to
yield to urge

Motor or Phonic
Production



Transient relief
sensation

TOURETTE'S RELATED PROBLEMS

Lowered overall quality of life

Academic problems

Impaired social interactions

Number of home-life impairments

Increased marital difficulties, substance abuse,
family conflict, and parenting frustration

TOURETTE'S RELATED PROBLEMS

88% of those with tics report a negative impact on their daily functioning

Higher unemployment rates and lowered income as adults

Self-esteem and social anxiety

Physical damage

COMMON TRIGGERS FOR TICS

Being upset or anxious

Watching TV

Being alone

Social gatherings

Stressful life events

Hearing others cough

Talking about tics

IN THEIR OWN WORDS

WHAT DO I DO IN THE CLASSROOM?

Educate yourself and your students about what tics are and what they are not

This will help minimize stigmatization

Some students benefit from a “time out for tics” at regular intervals

Allows the student to “let out” tics without disrupting the classroom

WHAT DO I DO IN THE CLASSROOM?

Do **not** express frustration, anger, or dismay

This will actually lead to an increase in stress,
which will in turn cause an increase in tics

Children with Tourette's tend to perform best
in a calm, supportive environment

As a teacher, you are the model for how your
students will react to tics, so it's important to
model proper behavior and responses

QUESTIONS?