

Community provider guidelines for managing tic disorders

Commonly asked questions	Answers and guidelines
How do we diagnose tic disorders and Tourette syndrome?	<ul style="list-style-type: none"> Tics are repetitive, patterned, and involuntary movements or sounds that can occur starting in early childhood. Examples of common motor tics include eye blinking, eye rolling, and twitches or jerks of the head or shoulders. Examples of common vocal tics include sniffing, throat clearing, humming and grunting. Tics can be somewhat suppressible, but they can be more frequent with fatigue, stress and illness. Tics occurring on and off for less than one year are referred to as "transient tics" or "provisional tic disorder." When tics have been occurring on and off for greater than one year, we consider this a chronic tic disorder. Chronic tic disorders are further classified as chronic motor tic disorder, chronic vocal tic disorder or Tourette syndrome (a combination of at least two motor tics and at least one vocal tics). Tic disorders may be associated with other problems such as anxiety, ADHD, OCD or learning problems. It is important to screen for these comorbidities.
When should tics be treated?	<ul style="list-style-type: none"> Most tics are transient, not harmful and do not require treatment. It is recommended to start medication when tics are causing the patient pain or negatively impacting the patient's quality of life. Medication should be considered when the potential benefit of reducing tics outweighs the risk of potential side effects. There is no cure for tics and medications do not usually suppress tics completely, but they can help reduce the frequency and severity of tics. Behavioral therapies such as Comprehensive Behavioral Intervention for Tics (CBIT) or Habit Reversal Therapy can be helpful for children who are old enough to describe their tic urges (usually age 8 and older). However, these therapies can be difficult to find in Georgia.
What first-line medications should be used to treat tics?	<ul style="list-style-type: none"> Alpha agonists (clonidine or guanfacine) are recommended as first-line medications for tics. They may also provide some benefit for symptoms of hyperactivity, inattention and aggression. These medications may be titrated slowly or quickly depending on severity of symptoms. The final daily dose needed varies by patient. The most common side effect is sedation. Less common side effects include mood/personality changes (depression), headaches, light-headedness, stomach upset and nightmares. If the patient is taking other medicines that cause sleepiness, lightheadedness/dizziness or low blood pressure as a side effect, adding clonidine or guanfacine may make these symptoms worse.
Is treatment of ADHD with stimulant medications recommended in patients with tics?	<ul style="list-style-type: none"> Tic disorders are associated with ADHD, and the presence of tics should not prevent a patient from being treated for ADHD if needed. Stimulant medications can sometimes increase the frequency of tics. If this occurs and the tics are bothersome, lowering the dose or switching medications sometimes helps. In some children, treating ADHD results in improvement of tics as improving ADHD symptoms can relieve stress. Non-stimulant medications for ADHD can also be considered.
What is the prognosis of tic disorders?	<ul style="list-style-type: none"> In general, the prognosis of tic disorders is good. Tics tend to peak between ages 9 and 14. After 14 years, most patients tic less often than they did as a child, whether they were treated with medication or not.