

Managing Tics

Children's Healthcare of Atlanta Neurology

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Agenda

- What are tics?
- How are tics and Tourette syndrome diagnosed?
- Frequently Asked Questions
 - When should tics be treated?
 - What first-line medications should be used to treat tics?
 - Is treatment of ADHD with stimulant medications recommended in patients with tics?
 - What is the prognosis of tic disorders?



What are tics and how do we diagnose tic disorders?

What are tics?

- Tics are repetitive, patterned, and involuntary movements or sounds that can occur starting in early childhood
 - Common motor tics: eye blinking, eye rolling, and twitches or jerks of the head or shoulders
 - Common vocal tics: sniffing, throat clearing, humming and grunting
- Tics can be somewhat suppressible, but they can be more frequent with fatigue, stress, and illness
- Tic disorders may be associated with other problems such as anxiety, ADHD, OCD, or learning problems



How do we diagnose tic disorders and Tourette syndrome?

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Provisional Tic Disorder

 Tics occurring on and off for less than one year are referred to as transient tics or provisional tic disorder

Chronic Tic Disorder

- Tics that have been occurring on and off for greater than one year are classified as chronic tic disorders
 - Chronic motor tic disorder
 - Chronic vocal tic disorder
- Tourette syndrome is a combination of at least two motor tics and at least one vocal tics

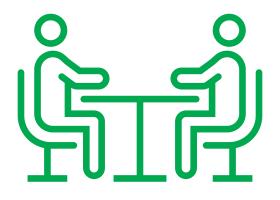


When should tics be treated?

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- Most tics are transient, not harmful, and do not require treatment
- It is recommended to start medication when:
 - Tics are causing the patient pain
 - 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.
 - Medications do not usually suppress tics completely, but they can help reduce the frequency and severity of tics
- Note that there is no cure for tics

When should tics be treated?



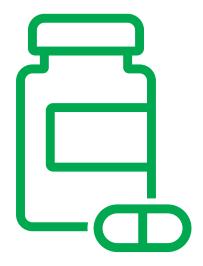
Behavioral therapies such as **Comprehensive Behavioral** Intervention for Tics (CBIT) or Habit Reversal Therapy can be helpful for children who are old enough to describe their tic urges (usually age 8 and older)



What first-line medications should be used to treat tics?

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- 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



What first-line medications should be used to treat tics?

- The most common side effect is sedation. Less common side effects include:
 - Mood/personality changes (depression)
 - Headaches
 - Light-headedness
 - Stomach upset
 - 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?

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- Tic disorders are associated with ADHD
- 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?

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- In general, the prognosis of tic disorders is good
- Tics tend to peak between age 9 and age 14
- After 14 years, most patient's tic less often than they did as a child, whether they were treated with medication or not.

THANK YOU!

For additional information, please visit our web page: https://www.choa.org/medical-professionals/referrals-and-transfers/directory-of-services/neurosciences-resources

For specific questions regarding your patient, you may also call 404-785-DOCS (3627) and ask to speak with the on-call neurologist.