



NHS Fife Department of Psychology

Understanding Childhood Tics

A Guide

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Tics in children: explanation and management tips

What are tics?

- Tics are involuntary, brief, sudden, repetitive movements or sounds. They can be motor tics e.g. blinking, shrugging shoulders, grimacing, or jerking or vocal e.g. throat clearing, sniffing, grunting, or speech. Usually tics occur in bouts during the day.
- Tics vary in their complexity. Simple tics are meaningless, short fragments whereas complex tics are longer and seem more purposeful.
- The frequency and intensity of tics tends to wax and wane over time, with peaks at times of stress.
- Tics are preceded by an inner urge, which is relieved by performing the tic. Younger children might not be aware of, or be able to describe this sensation.
- Older children are often able to suppress their tics for a short time, but younger children can often be unaware of their tics. Suppressing a tic is a bit like trying not to blink – after a while you have to do it.
- Tics usually increase with stress, excitement, and anxiety.
- Tics usually decrease when the child is occupied with something else.

What causes tics?

The cause of tics is not fully understood, however, much research has suggested that there are lots of genes that might interact to produce tics under certain circumstances. Tics often run in families. Research suggests that there may be a problem with the chemical messengers in certain brain pathways.

Tics are sometimes secondary to another cause, such as infections, substance misuse, certain medicines, toxins, head trauma, or other medical conditions.

Course and Prognosis:

- Up to 20% of primary school age children are thought to have a transient tic disorder – this is where the tics last less than 1 year.
- Tics lasting more than a year are called chronic tic disorder where only motor or only vocal tics are present, or Tourette Syndrome where both motor and vocal tics are present. The prevalence of chronic tic disorder is 1-3%, and of Tourette Syndrome 0.3-0.9% of children.
- In the vast majority of cases, they are temporary conditions that resolve on their own.
- Tics are 3-4 times more common in boys than girls
- In Tourette's syndrome, tics are usually most severe between the ages of 10 - 12yrs.
- Diagnosis is based on gathering information about the tic, examining the child, and observing the tic – a video might help establish whether the movement or sound is a tic. There is not usually a need to do any scans or blood tests to make a diagnosis. However, if the tic is suspected to be due to another condition, further tests may be needed.

When do tics need treatment?

Usually tics don't need any treatment and will go away in time. It is important for the child to know about tics, and for people around the child to learn about tics, so that they can respond in a helpful way. This helps to stop behavioural or learning problems developing around the tic.

More information about this is given below.

What to do if your child has developed tics:

- Do not tell your child off about their tic; they are not doing on purpose
- Do not try to stop your child from making repetitive movements or sounds, because this may cause them to become stressed, making the tic worse.
- Wherever possible, ignore the tic because if attention is drawn to it, it may get worse.
- Reassure your child that tics are common and that there is no reason for them to feel ashamed.
- Coach your child to explain what is happening to other people: It can be useful to develop ways for your child to explain their tics to other children who ask about them. This may help your child to deal with their tics and reduce any stress and anxiety that they are experiencing.

What about school?

Having tics can cause challenges for a child at school. It is possible however through working in partnership with the school to support the child to the level required.

- Speak to your child's teacher about their tic and perhaps seek permission for them to leave the classroom when their tics are particularly bad.
- Share information about tics with their teacher – they may not be aware of how to respond to tics, or may think the child is deliberately making the movement or sound.
- Ask the teacher to speak to other children about tics so that they are aware of your child's condition, and encourage them to act normally towards the child, rather than comment on the tic.

When tics are interfering with life

Sometimes everyday life is a lot more difficult for a child with tics e.g. when it interferes with friendships, learning, leisure activities or family life. However, it is commoner for this impairment to be due to another condition than to the tics themselves; tics can occur alongside ADHD, OCD, learning disorders and other problems. It's often blamed on the tics though, as these are the most obvious problem.

When the problems in daily life are due to another condition, it is important to identify and treat this condition rather than focus on the tics. Similarly, if the problems in everyday life are due to stress from unhelpful responses to tics such as bullying, punishment or telling off, then this needs to be tackled.

When the tics themselves are causing interference with daily life, then treatment of the tics can be considered. These treatments are aimed at reducing the frequency and/ or intensity of tics, and are unlikely to remove them completely.

There are behavioural therapies which have been shown to improve tics. There are also medicines which can be helpful. As with other medicines, these can cause side effects and so a balance has to be struck between the potential benefits and harms of the medicine. Medicines for tics are usually only prescribed by a specialist.

When tics are causing physical pain, the involvement of a physiotherapist can be helpful.