

## Tics

Tics are a common childhood complaint. About 3% of children have tics. They may run in families and are more common in boys. Tics usually appear in the first decade of life. They have a few features that define them:

- Repetitive- they occur again and again
- Sudden
- Discrete- they have a definite start and stop
- Purposeless
- Stereotyped - the movement looks the same each time it occurs

Tics are preceded by a sensation or urge, followed by a sense of relief after the tic. Some children can suppress the tic for a short time, but this causes rising discomfort. Tics may change location, frequency, type, complexity and severity over time. They may be classified as follows:

- **Simple motor tics** – involve skeletal muscles. Examples include: blinking, nose twitching, grimacing, neck jerking, shoulder elevations, sustained eye closure, gaze shifts, teeth grinding, abdominal tensing. The most common simple motor tic is eye blinking, often incorrectly attributed to allergy.
- **Simple vocal tics** – involve the diaphragm or voice. Examples include: sniffing, throat clearing, grunting, squeaking, humming, coughing, blowing and sucking sounds. The most common simple vocal tics are sniffing and throat clearing, often incorrectly attributed to allergy.
- **Complex tics** – include combinations of movements of multiple body parts. Examples are head shaking, trunk flexion, scratching, touching, finger tapping, hitting, jumping, kicking and gestures.
- **Complex vocal tics** – can encompass spoken words, phrases or syllables.
- **Transient tic disorder of childhood** – lasts for several months. This is the most common type of tic disorder. While the tics may vary in severity or type, they usually resolve with age.
- **Chronic tic disorder** – lasts for a year or more. By age 18, 50% of chronic tic disorder patients are tic-free.
- **Tourette Syndrome** – chronic motor and vocal tics (not necessarily concurrently)

Tics are often increased with environmental stimuli, stress, infection and poor sleep. They usually (but not always) disappear during sleep.

Tics are more common in children with certain other conditions, called co-morbid conditions. These include ADHD, obsessive-compulsive disorder, anxiety or mood disorders, learning disorders, sleep disorders, and conduct disorders.

Tics are diagnosed based on the history and physical examination. Testing is not generally necessary.

Treatment is determined by severity and interference with function. Usually, no drug therapy is necessary. It is important to remember that tics wax and wane over time. Teachers, siblings and others should be instructed to ignore the tic and not ask the child to stop. Medication may be used to suppress tics that interfere with function such as school performance or social development. The most common medications are Clonidine or guanfacine.

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