

Disability Awareness Begins With You



Tourette Syndrome

Q. What is Tourette Syndrome?

A. Tourette Syndrome (TS) is a neurological disorder characterized by tics – involuntary, rapid, sudden movements or vocalizations that occur repeatedly in the same way.

The symptoms include:

1. Both multiple motor and one or more vocal tics present at some time during the illness although not necessarily simultaneously;

2. The occurrence of tics many times a day (usually in bouts) nearly every day or intermittently throughout a span of more than one year; and

3. Periodic changes in the number, frequency, type and location of the tics, and in the waxing and waning of their severity.

Symptoms can sometimes disappear for weeks or months at a time.

4. Onset before the age of 18.

The term, "involuntary," used to describe TS tics is sometimes confusing since it is known that most people with TS do have some control over their symptoms. What is not recognized is that the control, which can be exercised anywhere from seconds to hours at a time, may merely postpone more severe outbursts of symptoms. Typically, tics increase as a result of tension or stress, and decrease with relaxation or concentration on an absorbing task.

Q. What causes the symptoms?

A. The cause has not been established, although current research presents considerable evidence that the disorder stems from.

Q. How is TS diagnosed?

A. Diagnosis is made by observing symptoms and by evaluating the history of their onset. No blood analysis

Q. How are tics classified?

A. There are two categories of tics: motor and vocal.

Simple:

Motor– Eye blinking, head jerking, shoulder shrugging and facial grimacing.

Vocal– Throat clearing, yelping and other noises, sniffing and tongue clicking.

Complex:

Motor– Jumping, touching other people or things, smelling, twirling about, and only rarely self-injurious actions including hitting or biting oneself.

Vocal– Uttering words or phrases out of context and coprolalia (vocalizing socially unacceptable words).

The range of tics is very broad. Some symptoms are often so complex that family members, friends, teachers and employers may find it hard to believe that the movements and vocalizations are involuntary

Q. How is TS treated?

A. The majority of people with TS are not significantly disabled by their tics or behavioral symptoms, and therefore do not require medication. However, there are medications available to help control the symptoms when they interfere with

functioning. Dosages which achieve maximum control of symptoms vary for each patient and must be gauged carefully by a doctor.

Other types of therapy may also be helpful. Psychotherapy can assist a person with TS and help his/her family cope, and some behavior therapies can teach the substitution of one tic for another that is more acceptable

Q. Is it important to receive a TS diagnosis early in life?

A. Yes, especially in those instances when the symptoms are viewed by some people as bizarre, disruptive

certain way. Examples include touching an object with one hand after touching it with the other hand to "even things up" or repeatedly checking to see that the flame on the stove is turned off. Children sometimes beg their parents to repeat a sentence until it "sounds right."

Attention Deficit Disorder with or without Hyperactivity occurs in many people with TS. Children may show signs of hyperactivity before TS symptoms appear. Adults too may exhibit signs of ADHD such as overly impulsive behavior and concentration difficulties and the need to move constantly.

Learning Disabilities may include reading and writing difficulties, arithmetic disorders and perceptual problems.

Difficulties with impulse control which may result, in rare instances, in overly aggressive behaviors or socially inappropriate acts. Also, defiant and angry behaviors can occur.

Sleep Disorders are fairly common among people with TS. These include frequent awakenings or walking or talking in one's sleep.

Q. Do students with TS have special educational needs?

A. While school children with TS as a group have the same IQ range as the population at large, many have special educational needs. The use of tape recorders, typewriters, or computers for reading and writing problems, untimed exams (in a private room if vocal tics are a problem), and permission to leave the classroom when tics become overwhelming.

Q. Is there a cure?

A. Not yet.

Q. Is there ever a remission?

A. Many people experience marked improvement in their late teens or