TIC DISORDERS

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Tourette's Disorder

Both multiple motor and one or more vocal tics have been present at some time during the illness, not necessarily concurrently.

The tics may wax and wane in the frequency but have persisted for more that 1 year since first tic onset.

Onset is before age 18 years

Disturbance is not attributable to the physiological effects of a substance or another medical condition.

Persistent (Chronic) motor or vocal tic disorder

Single or multiple motor or vocal tics have been present during the illness, but **not** both motor and vocal.

The tics may wax and wane in frequency but have persisted for more than 1 year since first tic onset.

Onset is before age 18 years.

The disturbance is not attributable to the physiological effects of a substance or another medical condition.

Criteria have never been met for Tourette's disorder.

Provisional tic disorder

Single or multiple motor and/or vocal tics.

The tics have been present for less than 1 year since first tic onset.

Onset is before age 18 years.

The disturbance is not attributable to the physiological effects of a substance or another medical condition

Criteria have never been met for Tourette's disorder or persistent (chronic) motor or vocal tic disorder.

Prevalence

- Tics are common in childhood but transient in most cases.
- Prevalence of Tourette's disorder is 3-8 per 1000 in school age children.
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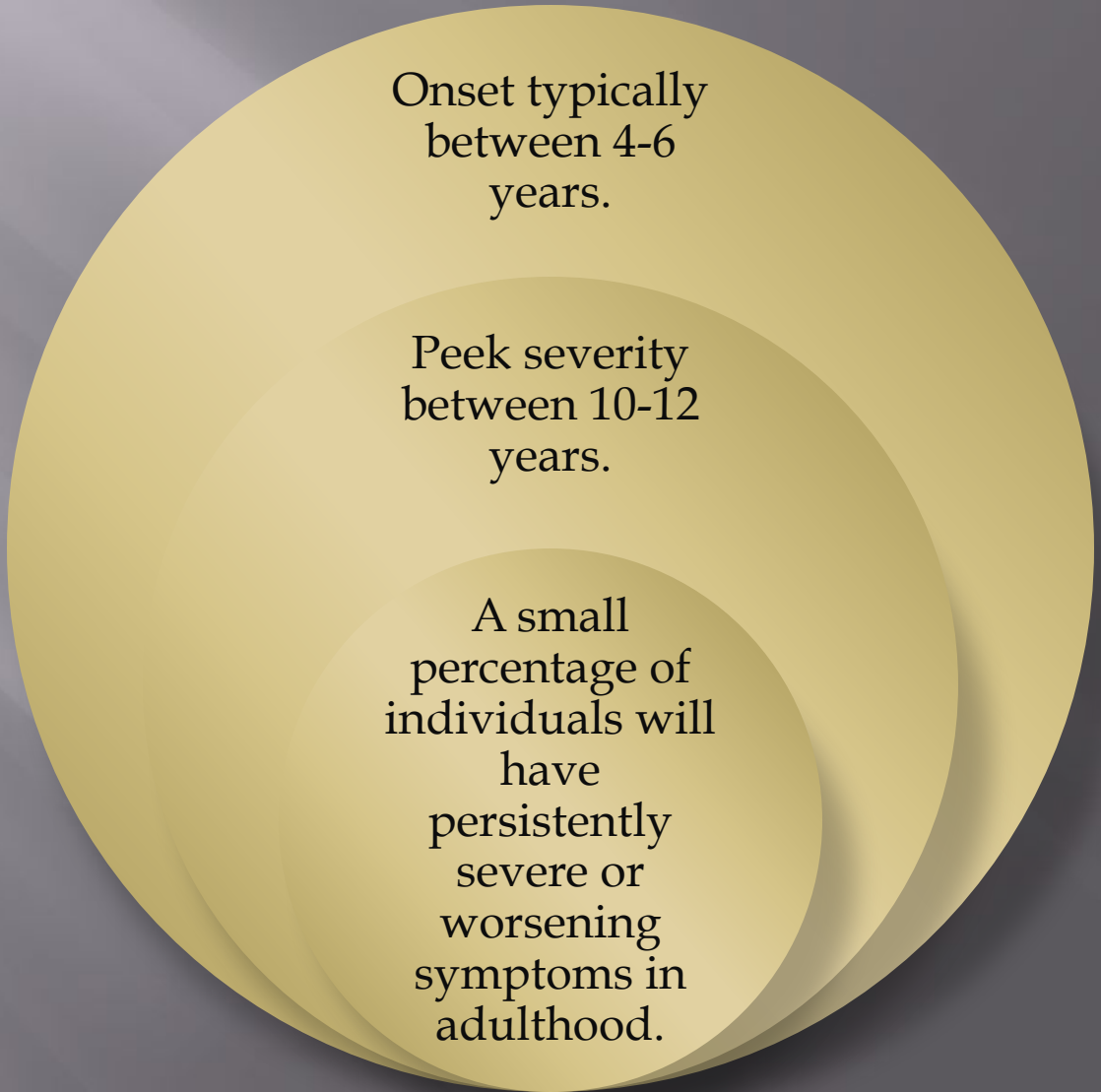
Ratio: from 2:1 to 4:1

Development and course



Risk and prognostic factors

Temperamental – tics are worsened by anxiety' excitement and are better during calm, focused activities.

Environmental

Incorrectly perceived by others

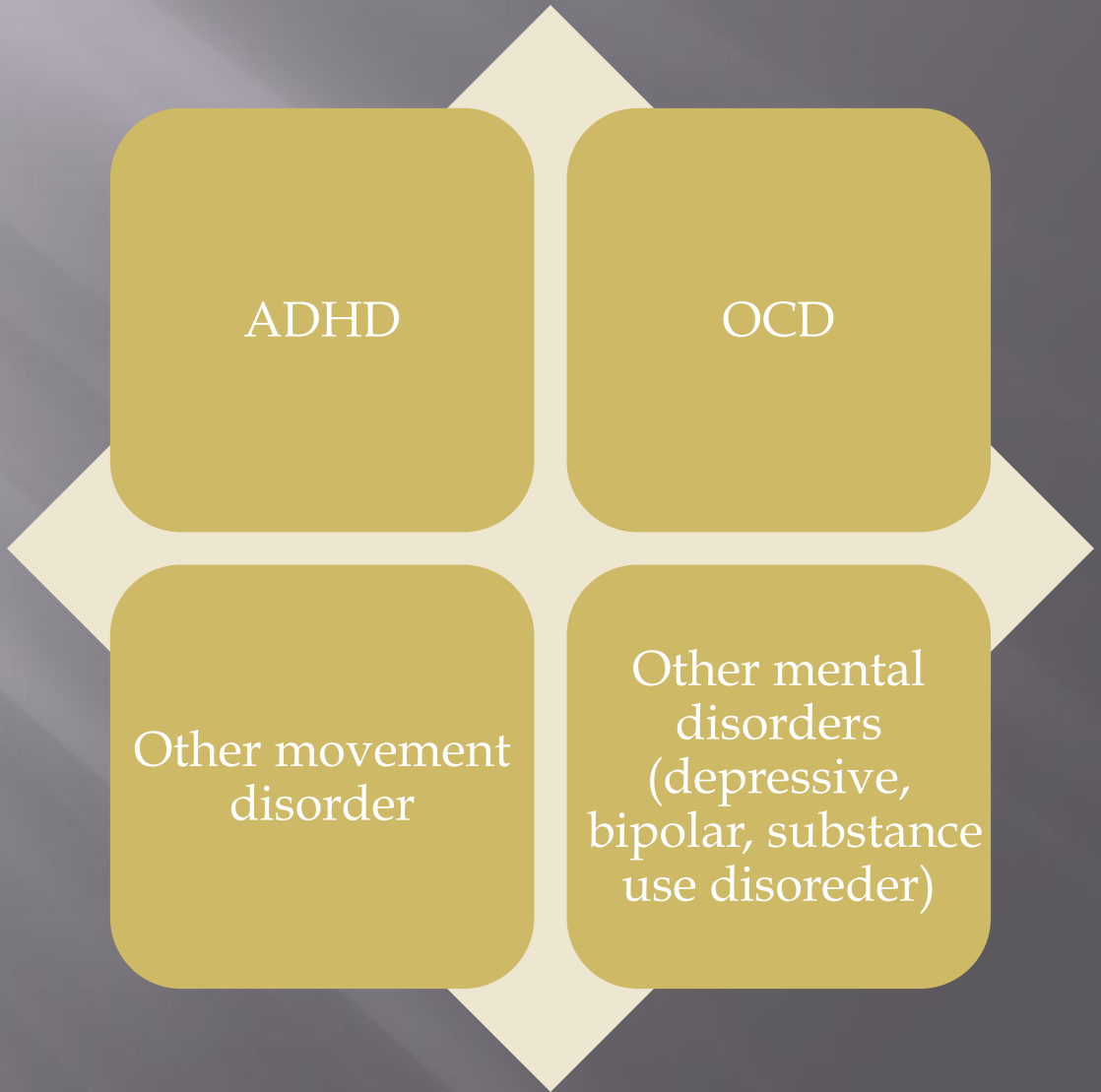
Interaction with authority figures (teachers, supervisors, police).

Genetic and physiological –

influence tic symptom expression and severity.

Important risk alleles for Tourette's disorder and are rare genetic variants in families with tic disorder.

Comorbidity



Treatment

Education for families

Pharmacological intervention

- Haloperidol (Halidol)
- Pimozid (Orap)
- Risperidone (Risperidal)
- Olanzepine (Zyprexa)
- Clonidine (a2-adrenergic agonist)
- Atomoxetine (Stattera) – in treatment of children and adolescent with ADHD and tic disorders.

תודה על ההקשבה