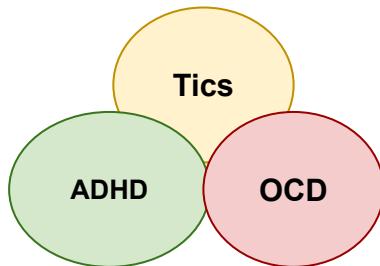




Tics are sudden, rapid, recurrent, stereotyped, non-rhythmic, non-goal-directed movements, or vocalizations.



Secondary cause for tics should be suspected if:

Abnormal neurological exam

Tic(s) appearing suddenly in older children

Worsening rapidly



Other neurological symptoms

PRESENTATION	PATHOPHYSIOLOGY
<ul style="list-style-type: none"> Tics can be voluntarily suppressed Tics are preceded by an urge which is relieved by performing the tic Common comorbidities include OCD, ADHD, behavioural problems, anxiety, & depression 	Dysregulation in the cortico-striato-pallido-thalamo-cortical (CSPTC) network.

TIC DISORDER	DIAGNOSTIC CRITERIA
Provisional Tic Disorder	Motor and/or vocal for less than 1 year
Chronic Motor Tic Disorder	Motor only and greater than 1 year
Chronic Vocal Tic Disorder	Vocal only and greater than 1 year
Tourette Syndrome	Multiple motor AND at least one vocal tic for greater than 1 year
Other Specified Tic Disorder	Due to other medical conditions or substance use

MANAGEMENT

Step 1 Psychoeducation

Explain tics - urge, variability, clinical course, wax & wane

Emphasize neurobiology



Educate on comorbidities

Prioritize treating comorbidities (ADHD, OCD, ODD) which are often more debilitating!



Step 3 Non Pharmacological

- Cognitive Behavioural Intervention for Tics (CBIT)
- Habit Reversal Therapy
- Learning and classroom support

Step 2 Indication for treatment?

Watchful waiting is appropriate if tics do not cause functional impairment! Tics typically improve through adolescence and into adulthood.

Consider using a screening tool or rating scale:

[Yale Global Tic Severity Score](#)

[MOVES: A Self-Rating Scale for Tourette's Syndrome](#)

Step 4 Pharmacotherapy

- Alpha-2-agonists (**clonidine** and **guanfacine** as first-line options)
- Antipsychotics