

Tic Disorders (chronic tic disorder, Tourette's Syndrome) Children 6-17 Years

- Level 0** Assess duration and severity (greater than six weeks). Careful assessment* that attends to issues of social, educational, physical impairment as well as complicating comorbidity. If tics are not causing impairment, educate but no treatment is necessary
- Level 1** Mild-moderate impairment, secondary to tics, use habit reversal therapy (HRT) if possible. Alpha2 agonists (clonidine or guanfacine)
- Level 2** If impairment is severe haloperidol, risperidone, aripiprazole in low doses
- Level 3** Trial of medication not already used at Level 1 or 2 or a trial of pimozide (there are drug interaction and QTc prolongation safety concerns with this agent)
- Level 4** Antipsychotic in combination with SSRI, clonazepam, alpha2 agonists, or an anticonvulsant depending on target symptoms. Severity of illness should drive the use of one or two agents

Antipsychotic drugs in the treatment of tics: level of evidence and dosing recommendations

Drug Name	Level of Evidence	Starting Dose (mg/day)	Usual Dose Range (mg/day)
Haloperidol	A (strongest)	0.25 to .5	1 - 4
Pimozide	A	0.5 to 1.0	2 - 8
Risperidone	A	0.25 to 0.5	1.0- 3.0
Aripiprazole	B	1.0 to 2.5	2.0 - 10
Clonidine	B	0.025 to .05	0.10 - 0.30
Guanfacine	B	0.5 to 1.0	1.0 - 3.0

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*A comprehensive assessment before initiating treatment includes:

- Duration and severity
- Family history (positive family history provides support for a tic disorder diagnosis), physical examination (note IQ), dysmorphology refer to developmental disability assessment guidelines
- Collateral information
- Change in medical status, infections, seizures, medication changes and reactions
- Review for most common comorbid presentations: ADHD, OCD
- Safety assessment of potential harm to child or others

** Specialty referral is beneficial when:

- Comprehensive diagnosis is sought
- Concerns of comorbid neurological condition
- Concerns of comorbid psychiatric condition beyond simple ADHD, anxiety, depression
- Primary care treatment not successful
- Behavioral treatment specialist is recommended: CBT for anxiety, ABA for self-injury
- Symptoms significantly compromised functioning
- Major shifts in friends, school, family
- Parents/patient feel overwhelmed
- Any question of self-harm
- Reasonable effort with counseling shows little progress
- Complexity high due to medical/neurological conditions
- Psychosis/mania
- Comorbid condition interfering with therapy

Note:

1. Treating the tics may not help comorbid condition and vice versa (eg. treating tics may help comorbid OCD, treating ADHD with a stimulant sometimes can make tics worse)

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Books useful for families:

- *Talking back to OCD: The Program that Helps Kids and Teens Say “No Way” and parents say “Way to Go”* by John March, MD.
- *Freeing your Child from Obsessive Compulsive Disorder* by Tamar Chansky, Ph.D.
- *What To Do When Your Child Has Obsessive Compulsive Disorder: Strategies and Solutions* by Aureen Pinto Wagner, Ph.D.

Useful Websites

- Tourette Syndrome Association
www.Tsa-usa.org
- Developmental-Behavioral Peds
www.dbpeds.org
- Tic Severity Checklist
www.dbpeds.org/pdf/ticseverity.pdf
- NINDS Tourette statement
www.ninds.nih.gov/health_and_medical/disorder/tourette.htm
- Teaching the Tiger - A Handbook for (Educators)
www.hopepress.com
- Bullying
www.stopbullyingnow.hrsa.gov