

TOURETTES – EVERYBODY TICS DIFFERENTLY

How Common is Tourette Syndrome?



Once thought to be a rare disorder, it is now understood that Tourette Syndrome (TS) affects around 1% of the general population. The prevalence of all enduring tic disorders, including TS and chronic motor vocal tic disorders is estimated to be 1.5 - 3% during childhood with transient tics (those that come and go) thought to occur in around 6 - 20% of children.

Individuals with tic disorders are significantly overrepresented in certain contexts, especially special education and paediatric mental health settings. Nonetheless, milder presentations of tics remain under-recognised in the community, as they are often masked by other behaviours and mental health difficulties and are therefore not always noted in clinics or educational settings.

The lack of knowledge of tics and tic disorders by mental health professionals, means many children go undiagnosed.

TS is an inherited neuro developmental disorder with child onset and a fluctuating presentation with periods of remission and intensification. Tics can come and go, with many having an oversimplified idea about what TS is not realising tics can begin as eye-blinking and then be replaced with nose-twitching or mouth-opening tics.

Tick disorders are evident in all cultures, racial groups and social classes; however, males are overrepresented by around 3 – 4 boys to every girl. The severity of tics is age dependent, with the severity of tic disorders peaking between eight and 12 years of age. For many individuals with TS, their tic symptoms will reduce during their second decade of life.

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One study that examined the prevalence of tics in children attending a unit for emotional and behavioural disturbance found a prevalence of tics of 65%, compared with 24% in children attending a special education unit for learning disability, and 6% in children attending mainstream classes who were identified by the teacher as being problematic within the classroom.

It was also noted that children in the emotionally and behaviourally disturbed unit who had tics were more likely to exhibit tics involving swearing or using obscene gestures, tics involving copying and repeating, and tics that included self-harm behaviour.

The researchers concluded that in light of this finding, tics may have a specific association with emotional/behavioural disturbance, rather than being a sign of a global neurological impairment.

Valsamma Eapen, Rudi Črnčec, Sarah McPherson and Corina Snedden (2013). Tic Disorders and Learning Disability: Clinical Characteristics, Cognitive Performance and Comorbidity. Australasian Journal of Special Education, 37, pp 162-172 doi:10.1017/jse.2013.2

http://journals.cambridge.org/abstract_S103001121300002X