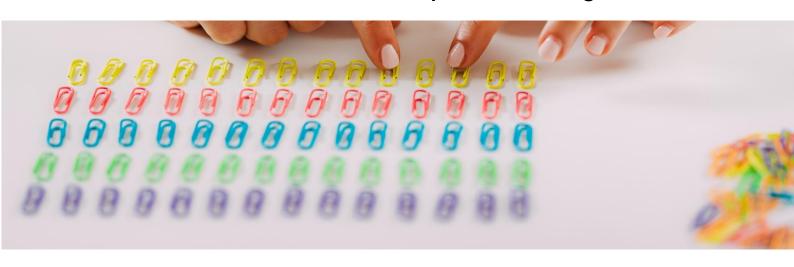




TOURETTES - EVERYBODY TICS DIFFERENTLY

Does OCD, Tourettes, and Depression Go Together?

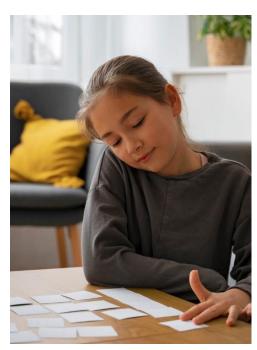


Obsessive – Compulsive Behaviour (OCB) and Obsessive – Compulsive Disorder (OCD) occurs in approximately 30 - 50% of people with Tourette Syndrome. The obsessive-compulsive symptoms typically present after the tic symptoms.

Like ADHD, the presence of OCD in addition to Tourette Syndrome places a young person at considerable risk for a range of psychological and psychosocial difficulties in childhood and adulthood that can be particularly disruptive to learning.

Anxious children may find learning difficult, and those with OCD can feel too cognitively stuck to learn. The doubting and checking behaviour that may be present can slow down completion of activities and can be a significant challenge in timed tasks and examinations. Similarly, OCD symptoms can disrupt memory processes, application of strategies, sequencing abilities, and problem-solving.

Although these skills do not appear to be excessively deficient in children with OCD, they can be disrupted by OCD.







Behavioural/emotional problems such as aggression and anger control problems, sleep disturbances and self-injurious behaviour have been noted to occur at higher-than-expected levels in people with tic disorders, usually when ADHD or OCD are already present.



Behavioural/emotional disabilities such as non-OCD anxiety, separation anxiety, and depression/depressive symptoms, have also been noted to occur at high levels in individuals with tic disorders. One study observed that 13% of individuals with Tourette Syndrome in a sample of 3500 had depression, while 76% of the sample experienced depressive symptoms. It is conceivable that the emergence of depression and anxiety in individuals with coexisting challenges reflects the cumulative psychosocial burden faced by this population.

Adapted by Get into Neurodiversity for a global audience.

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