

## TOURETTES – EVERYBODY TICS DIFFERENTLY

### Medical Management Of Tics And Related Comorbidities

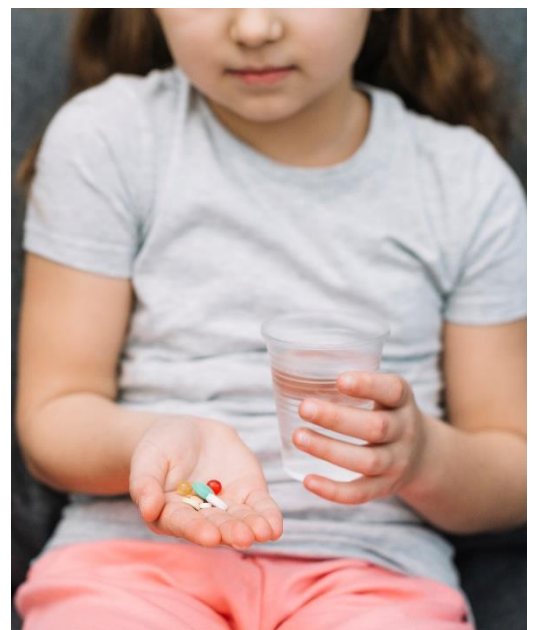


**Some of the medications currently being utilised to treat tic disorders may include clonidine, especially when ADHD presents as well.**

Anti-psychotic agents such as risperidone is utilised when there are behavioural problems as well, such as irritability, aggression and insomnia or Autism Spectrum Disorder (ASD) (Eapen & Gururaj, 2005; Eapen & Sachdev, 2008).

When OCD and ADHD present together it may be suggested by a medical professional that treatment can include a medication that is a specific serotonin reuptake inhibitor, and potentially stimulants can be used (with caution, monitoring for an increase in tics) or atomoxetine, respectively.

However, it is important to note the risk of drug interactions and side effects may be increased in those with brain damage or epilepsy, and gradual increase in dosage with close monitoring is recommended. (Eapen & Črnčec, 2009; Eapen & Sachdev, 2008).



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Psychotherapeutic techniques such as cognitive-behaviour therapy (CBA) for OCD or Comprehensive Behavioural Intervention for Tics (CBIT) have been proven effective, however, outcomes may be constrained in individuals where poor cognitive and learning abilities, and when hyperactivity, are a factor.

(Piacentini et al., 2010; Watson & Rees, 2008)

Other strategies for minimising tics include providing a calm and consistent family dynamic alongside routines, with the use of physical activity to 'channel' energies, as well as encouraging the individual with tics to engage in talents and hobbies, as hyper-focused activity has been known to reduce tics.

*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*

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