

TICS IN CHILDREN

A tic is an involuntary body movement or vocal sound that is made suddenly, rapidly, and repeatedly. A tic is difficult to control. A source on tics stated that “Having tics may be compared to having the sensation of having to cough because something is tickling one’s throat or nose. The sensation is immediate and irresistible.”¹

Transient Tic Disorders

A tic may be categorized as transient. This means that the tic occurred before the age of 18 years, occurs many times a day for at least 4 weeks, but does not last longer than 12 months. Transient tic disorder is common in children.

Chronic Tic Disorders

Tics are considered to be chronic when they tics occur every day or intermittently for a period longer than 12 months and without a tic free period of longer than 3 months.

Symptoms of motor tics may be:

- Blinking
- Squinting
- Snapping the fingers
- Grimacing
- Kicking
- Raising the eyebrows
- Shrugging the shoulders
- Sticking out the tongue
- Nose wrinkling
- Jerking head

Symptoms of vocal tics may be sounds such as:

- Grunting
- Clucking
- Sniffing
- Throat-clearing noises
- Snorting
- Moaning
- Hissing

Weird behavior may be exhibited during a tic, such as touching objects or licking.

¹ Encyclopedia of Children’s Health. www.healthofchildren.com

Treatment:

Short-lived transient tics are not treated and usually going away on their own, causing no complications. Likewise, chronic tics usually require no treatment. Calling a child's attention to the tic may make it worse. Tics may become more noticeable when a child gets excited or is tired.

Tics can, however, affect a child's confidence when others start pointing out the condition. They may be less noticeable when a child is involved in an absorbing activity such as reading, art or homework. Reducing stress may be helpful in controlling tics. Counseling might be useful to help a child learn ways to cope with stress. If a tic disorder continues or disrupts a child's life, a health care provider should be consulted. Indicators of the need to seek help might be:

- A child falling behind in school
- There is difficulty carrying out activities of daily living such as feeding and dressing
- Falling and injuring self
- Family history (Family members have or have had)
- Diagnosed with attention deficit disorder
- Diagnosed with obsessive-compulsive disorder
- Diagnosed with depression

Tourette syndrome

Tourette syndrome is a neurological disorder than leads to chronic tics. This syndrome leads to multiple tics as well as vocal tics. They are strong and forceful in their nature, changing frequently. These tics start early in childhood and intensify as the child grows older. The tics typical of Tourette syndrome are embarrassing in nature. This is because they cause the use of obscene language (coprolalia) or repetition of phrases (echolalia). The children usually have other problems in addition such as attention deficit disorder, obsessive compulsive disorder as well as self harming behavior. Many with Tourette syndrome are prescribed medication. If possible, however, it is recommended that other methods such as psychological support and counseling, and cognitive behavioral therapy be used to avoid the unpleasant side effects of medication.

Prognosis

Tics lasting beyond the teenage years are usually permanent. Situations which may indicate a poor outcome include:

- Comorbid psychiatric or developmental disorder
- History of complications during birth
- Chronic physical illness in childhood
- Physical or emotional abuse in the family

- History of family instability
- Exposure to anabolic steroids or cocaine²

The prognosis (outlook) for children who have tics is considered to be good in the majority of cases, with the condition becoming less severe and disappearing as the child grows older.

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References:

<http://www.ayushveda.com/healthcare/tics.htm>

<http://www.mih.gov/medlineplus/ency/article/000747.htm>

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002383>

www.rightdiagnosis.com/sym/tics_in_children.htm

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