

**MHPN  
WEBINAR**


Wednesday, 6 July 2022

**Collaborative care for people living with tics and Tourette syndrome**




1


**Tonight's panel**




**Emeritus Professor  
Tim Usherwood**  
Lived Experience




**Associate Professor  
Daryl Efron**  
Developmental  
Paediatrician



**Professor Valsamma  
Eapen**  
Child Psychiatrist



**Facilitator:  
Nicola Palfrey**  
Clinical Psychologist



2

1

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3

## Learning outcomes

Through an exploration of tics and Tourette Syndrome the webinar will provide participants with the opportunity to:

- Discuss Tourette syndrome and the range and severity of tics, including comorbidities and associated stigma.
- Appraise screening, identification, assessment and diagnosis of tics and Tourette syndrome.
- Evaluate the recommended therapeutic approaches that have proven successful in treatment.
- Outline the importance of collaboration and appropriate referrals when providing care to people living with tics and/or Tourette syndrome.



4

2

## Lived experience perspective

### My journey



Tim Usherwood



5

## Lived experience perspective

### Impact and comorbidities

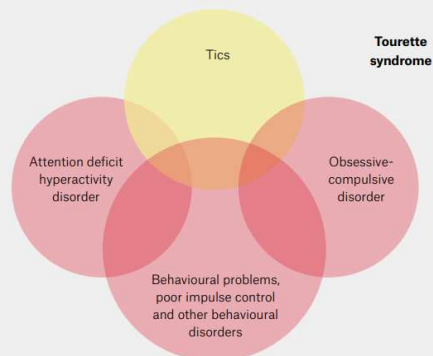


Figure 3. Conditions associated with Tourette syndrome



Tim Usherwood



6

3

## Lived experience perspective

### Needs and wants

- A diagnosis
- An explanation
- Strategies for coping
- Cure or treatment
- Self-acceptance



Tim Usherwood



7

## Lived experience perspective

### Who should be involved?

- The child
- Parents, family and friends
- Teacher
- General practitioner
- Paediatrician and/or mental health professional
- Others as needed



Tim Usherwood



8

4

## Developmental Paediatrician's perspective



Georges Albert Édouard Brutus Gilles de la Tourette  
1857-1904

*1884 - Maladie des tics convulsifs avec coprolalie*



Daryl Efron



9

## Developmental Paediatrician's perspective

### Are tics harmless?

- Intrusive
- Distracting
- Embarrassing/stigmatising – social isolation
- Demoralising – secondary anger/acting out, self-harm, depression
- Painful – tics, camouflage e.g. headache/sore neck
- Tiring (suppression)
- Injury
  - perioral excoriation
  - intense motor tics: cervical myelopathy, retinal detachment



Daryl Efron



10

5

## Developmental Paediatrician's perspective

### Common mental health comorbidities

- ADHD (40-50%)
- Obsessive compulsive behaviours/disorder (30-40%)
- Anxiety disorders: separation, generalised, specific phobias
- Learning difficulties
- Autism Spectrum Disorder
- Oppositional defiant disorder
- Depression



Daryl Efron



11

## Developmental Paediatrician's perspective

### Psychoeducation

- Patient, family, school
  - TS is a neurological disorder
  - he can't help it
  - comorbidities
  - management options
  - natural history
- "The talk"
  - kids often give talks to class (TSAA template)



Daryl Efron



12

## Developmental Paediatrician's perspective

### Comprehensive Behavioral Intervention for Tics (CBIT)

- **Exposure with response prevention (ERP)**
  - Increase tolerance of premonitory urge
- **Habit reversal training (HRT)**
  - Competing Responses - incompatible with the tic
- Superior to supportive psychotherapy for children aged 9-17 years with TS
  - need: 1. trained psychologist; 2. strong parental support / motivation



Daryl Efron

Piacentini J *JAMA* 2010; Sukhodolsky *Neurology* 2017



13

## Developmental Paediatrician's perspective

### Medications to treat tics: goals and principals

- Only consider if mod-severe and impairing
- Don't treat the tics – treat the patient
  - Comorbidities often primary target
- Minimise side effects
  - keep doses low
  - monitor
  - stop when you can



Daryl Efron



14

## Developmental Paediatrician's perspective

### Medications to treat tics

- **$\alpha$ -2 agonists** - clonidine (Catapres), guanfacine (Intuniv)
- **Antipsychotics** e.g. risperidone most effective, but side effects
- SSRI antidepressants – no direct benefit
- Dopamine depleting agents e.g. tetrabenazine
- Clonazepam
- Topiramate



Daryl Efron

Weisman *Neurosci Biobehav Rev* 2013; Quezada *CNS Drugs* 2018



15

## Child Psychiatrist's perspective

### Myths about Tics/Tourette

- TS is rare and everyone with tics has Tourette
  - **Prevalence 1%; developmental tics (20%); motor or vocal tics lasting >1 year (2%); multiple motor + vocal >1 year (TS=1%), severe/persistent TS (0.1%); Ali – blinking/squinting + grunting, face and nose twitch (>1 year)**
- Tics only occur in childhood and that they grow out of it
  - **Tics get much better with age (30-50%), somewhat better (25%), intensity may lessen (20%), stay severe (5%)**
- That tics are limited to just vocal and motor tics
  - **Complex tics (licking, spitting, inappropriate touching), mental tics (counting, mental coprolalia), copying (for Tim), NOSI etc. are missed or misunderstood**
  - Ali – ‘pulling faces at the teacher’ -> distress and school refusal; grunting – silly noises and “disrupting the class” and his ADHD -> impacting school life and functioning



Valsamma Eapen



16

8



## Child Psychiatrist's perspective

### Myths about Tics/Tourette (continued)

- That TS is about 'swearing'
  - **View even with health professionals; not TS as no swearing – only in 1/3rd of clinic patients**
- That tics are always present and noticeable
  - **Wax and wane – days/weeks/months; daily variability - *anxiety/stress/tiredness/excitement* -> worse**
- That people can 'control it' and they should just try harder to stop OR if you can control it is not TS
  - **They can suppress for varying periods of time but at the expense of mounting inner tension –'give way'**
- That there is no treatment or on the other end that medication will just fix it.



Valsamma Eapen



17

## Child Psychiatrist's perspective

### Co-morbidities and management including psychological/behavioural treatments

#### Psychotropic medication

- Medication – 40 to 60% reasonable response
- Based on not only tics but also co-morbidities
  - e.g. Tics + ADHD
- For Ali – teacher said to seek help to rule out ADHD; when a parent comes to a paediatrician because the school/teacher suggested, easy to miss the tics; history of tics important for medication choice
- OCD +Tics: Tic related OCB (symmetry, evening up, "just right") might be the clue ; SSRI + neuroleptic augmentation



Valsamma Eapen



18

## Child Psychiatrist's perspective

### Co-morbidities and management including psychological/behavioural treatments

- Behavioural (CBIT) – 38 (significant) to 52%(some) improvement -motivation, tic type, availability
- Manualised; no cost workshops ( CDC +TS-Behaviour Therapy Institute); research
- Therapeutic Vs useful strategy for coping; techniques to use in high stress situations
- Psychoeducation, acceptance, coping, school/work accommodations, TSAA/resources, camps



Valsamma Eapen



19

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# Ask a question

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20

10

## Q&A Session



**Emeritus Professor  
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21

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22

11

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- Emerging Minds 25th July – Practice strategies for working with children with disability.
- 8th August “Queeroboree” webinar series with Black Rainbow, Impact of Covid 19 on the Aboriginal and Torres Strait Islander LGBTIQ+SB community. 1-2pm (AEST)
- MHPN: AOD, Disability and ADHD in Adults – register via the MHPN portal if you want to receive notifications of these webinars or keep an eye out on the upcoming webinar page on the website.



23

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24

12

**Thank you for your contribution and participation.**

**Good evening.**

