

# Tourette Disorder

- Rarely present in pure form
- No two individuals with TD are the same
- Often associated with other symptoms, which may be more disabling than the tics themselves
- Treatments need to target preferentially the symptoms which have the most significant impact on the persons life



# Correlates of Tic Disorders

- Hyperactivity / motor restlessness
- Inattentiveness
- Anxiety
- Aggression
- Other



# Conditions which are often associated with Tourette Disorder

- Attention Deficit Hyperactivity Disorder
- Obsessive Compulsive Disorder
- Anxiety Disorders
- Conduct Disorders
- Learning disabilities



# Tourette Disorder (307.23)

- Multiple motor and one or more vocal tics although not necessarily concurrently.
- The tics occur many times a day (usually in bouts) nearly every day or intermittently through a period of more than one year; and during this period there is never a tic free period of more than 3 consecutive months
- The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.
- Onset less than 18 years of age
- The disturbance is not due to the direct physiological effects of a substance (eg stimulants) or a general medical condition (Huntington's disease or postviral encephalitis)



# Chronic Motor or Vocal Tic Disorder (307.22)

- Single or multiple motor or vocal tics (sudden, rapid, recurrent, non-rhythmic, stereotyped motor movements or vocalisations) but not both, have been present at some time
- The tics occur many times a day nearly every day or intermittently throughout a period of more than one year, and during this period there is never a tic free period of more than 3 consecutive months
- The disturbance causes marked distress or significant impairment in social, occupational or academic functioning
- Onset is before 18 years of age
- The disturbance is not due to the direct physiological effects of a substance (eg stimulants) or a general medical condition
- Criteria have not been met for Tourette Disorder



# ADHD

- Either (1) or (2)
- (1) Six or more of 9 symptoms or inattentiveness that have been present for at least 6 months to a degree that is maladaptive and inconsistent with developmental level
- (2) Six or more of nine symptoms of hyperactivity/impulsivity that have been present for a least 6 months to a degree that is maladaptive and inconsistent with developmental level
  
- Onset of symptoms less than 7 years of age
- Symptoms present in two or more situations
- Significant impairment in social, academic or occupational functioning
- Criteria are not met for autism, schizophrenia, other psychosis, mood disorder, anxiety disorder, or personality disorder



# Obsessive Compulsive Disorder (300.3)

- Either obsessions or compulsions
- OBSESSIONS
- (1) Recurrent or persistent thoughts, impulses, or images that are experienced, at some time during the disturbance as intrusive and inappropriate and that cause marked anxiety or distress
- (2) The thoughts, impulses or images are not simply excessive worries about real life problems
- (3) The person attempts to ignore or suppress such thoughts, impulses or images, or to neutralise them with some other thought or action
- (4) The person recognises that the obsessional thoughts, impulses or images are a product of his or her own mind (not imposed from without)



# Obsessive Compulsive Disorder (cont)

- COMPULSIONS
- (1) Repetitive behaviours (handwashing, ordering, checking) or mental acts (praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
- (2) The behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however these behaviours or mental acts either are not connected in a realistic way with what they are designed to neutralise or prevent or are clearly excessive





# Obsessive Compulsive Disorder (cont)

- At some point the person has recognised that the obsessions or compulsions are excessive or unreasonable. (NB Not children)
- The symptoms cause marked distress, are time consuming (>1 hour per day) or significantly interfere with the persons normal routine, occupational or academic functioning or usual social activities or relationships
- Other disorders such as eating in anorexia nervosa, hair pulling in trichotillomania, preoccupation with drugs in a substance abuse disorder etc do not better explain the symptoms
- The disturbance is not due to the direct physiological effects of a substance (medication) or a general medical condition



# Generalised Anxiety Disorder (300.02)

- Excessive anxiety or worry occurring most days for at least 6 months about a number of events
- Person finds it difficult to control the worry
- Anxiety is associated with three or more of the following six symptoms
  - **restlessness or feeling keyed up or on edge,**
  - **easily fatigued,**
  - **difficulties concentrating,**
  - **irritability,**
  - **muscle tension,**
  - **sleep disturbance**
- The anxiety or worry causes clinically significant distress or impairment in social, occupational, or academic functioning
- The disturbance is not due to the direct physiological effects of a substance (medication) or a general medical condition



# Conduct Disorder (312.8)

- Repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate societal norms or rules are violated, as manifested by three or more of the following criteria in the past 12 months, with at least one criterion in the past 6 months
  - **Aggression**
  - **Destruction of property**
  - **Deceitfulness or theft**
  - **Serious violations of rules**
- Symptoms cause clinically significant impairment in social, academic or occupational functioning
- If person is 18 years or older criteria are not met for antisocial personality disorder



# Crucial questions

- What is it about this person at this time that is having a major impact on his/her ability to lead a normal life
- What are the origins or underpinnings of these symptoms



# Treatment options

- Medication
- Behaviour management approaches
- Cognitive behaviour therapy – anxiety, aggression
- Relaxation training
- Counselling



# MEDICATION TARGETS

	ATTN HYPER	ANG	MOOD	ANXIETY	TIC
Stimulants	+++	++	+	-	-
Clonidine	+	++	++	+	++
Antidepressants	-/+	++	+++	++	+
Neuroleptics	-	+++	++	++	+++