FACT SHEET

Tourette Syndrome

What is Tourette Syndrome?

Tourette Syndrome (TS) is a neurological disorder, which becomes evident in early childhood or adolescence between the ages of 2 and 15 years. Tourette Syndrome is defined by multiple motor and/or vocal tics lasting for more than one year. Many people have only motor tics or only vocal tics. The first symptoms usually are involuntary movements (tics) of the face, arms, limbs or trunk.

These tics are frequent, repetitive, and rapid. The most common first symptom is a facial tic (eye blink, nose twitch, grimace), and is replaced or added to by other tics of the neck, trunk, and limbs. These involuntary (outside the person's control) tics may also be complicated, involving the entire body, such as kicking and stamping. There are also verbal tics. These verbal tics (vocalizations) usually occur with the movements. Later, they may replace one or more motor tics. These vocalizations include grunting, throat clearing, shouting, and barking. The verbal tics may also be expressed as coprolalia (the involuntary use of obscene words or socially-inappropriate words and phrases) or copropraxia (obscene gestures). Despite widespread publicity, coprolalia/copropraxia is uncommon with tic disorders.

How is it manifested?

Simple:

Motor - eye blinking, head jerking, shoulder shrugging, and facial grimacing.

Vocal - throat clearing, yelping and other noises, sniffing, and tongue clicking.

Complex:

Motor - jumping, touching other people or things,

smelling, twirling about and, although very rare, self-injurious actions including hitting or biting oneself.

Vocal - uttering ordinary words or phrases out of context, echolalia (repeating a sound, word or phrase just heard) and in rare cases, coprolalia (vocalizing socially-unacceptable words). The range of tics or tic-like symptoms that can be seen in TS is enormous. The complexity of some symptoms often confuses family members, friends, teachers, and employers who may find it hard to believe that the actions or vocal utterances are "involuntary".

Who is affected?

While once thought to be rare, TS is now seen as a relatively common disorder affecting up to 1 person in every 2,500 in its complete form and three times that number in its partial expressions that include chronic motor tics and some forms of obsessive-compulsive disorder.

How is it diagnosed or detected?

A diagnosis is made by observing symptoms and by evaluating the history of their onset. No blood analysis, X-ray or other type of medical test exists to identify TS. However, a doctor may wish to order an EEG, CAT scan or certain blood tests to rule out other ailments that could rarely be confused with TS.

Additional Resources:

TOURETTE SYNDROME FOUNDATION OF CANA-DA (TSFC) – www.tourette.ca

The Foundation disseminates educational material to individuals, professionals and agencies in the fields of health care, education and government through its local affiliates. These Chapters, Resource Units and Contact

The content contained in this document is for general information purposes. It is not the intention to diagnose or treat a child.

Tourette Syndrome, continued

Representatives across the country help TS patients and their families cope with the problems that so often occur with a diagnosis of TS.

LIFE'S A TWITCH - www.lifesatwitch.com

Life's a Twitch is a website based on Tourette Syndrome (also called Tourette's Syndrome, Tourette's Disorder, or TS) and associated disorders from the study and clinical work of B. Duncan McKinlay, Ph.D., C.Psych., an Ontario, Canada Psychologist registered to work with children and adolescents in the areas of clinical and school psychology.

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