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**Dr M Deakin**

**Consultant in General Paediatrics/Diabetes**  
**Alder Hey Children's NHS Foundation Trust**

**Secretary: 0151 252 5586/5879**

**Department of Psychological Services**  
**Clinical Health Psychology**

Dear Dr Deakin

**Gwendolyn Vials MOORE**  
**2 Coronation Drive**  
**Crosby, Liverpool L23 3BN**

**D.O.B.** 22/08/2014  
**Hospital No.** AH1565586  
**NHS No.** 701 057 1422

Thank you for writing to the Clinical Health Psychology service regarding Gwen's vocal and motor tics. I am sorry to hear that these tics appear to be evolving in nature and have increased in frequency over the last few months.

As part of the referral process I contacted Gwen's mum (06/07/2020) to further investigate how these tics present. Mum reported two specific types of tics; one in which Gwen puts her arms up and shouts (which is particularly distressing to her younger brother) and a second which include facial movements. These tics appear to last around about 5 minutes and can happen several times a day. Gwen's mother suggests that these tics have worsened significantly during the COVID lockdown, and may also be influenced by the associated lack of social contact during this period. I informed mum that I would feedback to the Clinical Health Psychology team and determine which service may be best able to support.

Having liaised with my colleagues, unfortunately the Clinical Health Psychology service do not routinely accept referrals for young people who have support needs in relation to tic disorders. There is currently a disappointing lack of local services tailored for young people with tic disorders. I do however wish to be helpful, and have liaised with a number of teams to try and identify local services that may be better suited to support Gwen. I have listed a few services below that mum is able to access directly or with the support of her GP, or yourself:

- YPAS (<https://ypas.org.uk/services/counselling-psychotherapy-services/>) provide therapeutic interventions that may help identify and address factors contributing to these tics / Gwen's current presentation.
- Parenting 2000 (<https://parenting2000.org.uk/>) is a Crosby charity that provides tailored emotional support to young children and their families.

*This patient interaction took place during the Covid-19 pandemic*

- Gwen's school / SENCO may also be aware of local authorities who may be able to provide both Gwen and her wider family with support.
- Tourettes action (<https://www.tourettes-action.org.uk/>) also provides useful information and links to online support groups that may be useful. I have also enclosed a tic disorder leaflet for further information.

Tics generally take a waxing and waning course and do occasionally resolve without any specific treatment intervention. Nonetheless, I hope this information is somewhat useful and Gwen is able to access support locally. During my conversation with Gwen's mother she made me aware of Gwen's upcoming surgical interventions. I would encourage a re-referral to our service if it was felt that these surgeries are impacting upon Gwen's presentation or tics.

Please free to contact myself or another member of the Clinical Health Psychology team on the number above if you wish to discuss this further.

I wish Gwen and her family all the very best.

Yours sincerely,

A Hagan

**Alexander J Hagan**  
**Assistant Psychologist**

Under the supervision of:

S Bell

**Dr Sally Bell**  
**Clinical Psychologist**

Copy to:

Dr O Moss  
Blundellsands Surgery  
Blundellsands  
Liverpool  
L23 6TZ

The Parent/Guardian of  
Miss Gwendolyn Vials Moore  
2 Coronation Drive  
Crosby  
Liverpool  
Merseyside  
L23 3BN

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# Tic Disorders In children:

*explanation and management tips*



## Tics explained:

- Tics are involuntary, sudden, repetitive movements or phonic (sound involving) productions
- Tics vary in their complexity. Simple tics are meaningless, abrupt fragments whereas complex tics are longer and seem more purposeful.
- Usually tics occur in bouts during the day and when they last for long periods of time they can wax and wane in severity and change in nature.
- Sometimes tics are preceded by premonitory feelings or sensations but these are more commonly seen in children aged more than 10yrs old. Older children also show some ability to suppress their tics but younger children can often be unaware of their tics.
- **Tics usually increase** with stress, tiredness and boredom and are often prominent when watching television, there are triggers individual for each person
- **Tics usually decrease** with concentration, exercise and distraction. They decrease in frequency during sleep but do not go away completely

## Examples of Tics:

		Examples of simple tics	Examples of complex tics
Movement	Eye blinking, head jerking, shoulder shrugging and facial grimacing	Jumping, touching other people or things, smelling, twirling, and sometimes hitting or biting oneself	
Sound	Throat clearing, yelping and other noises, sniffing, coughing and tongue clicking	Uttering words or phrases out of context, coprolalia (saying socially unacceptable words), and echolalia (repeating a sound, word, or phrase just heard)	

## Defining tic disorders – a spectrum:

**Transient tic disorder:** single or multiple motor and/or vocal tics that occur many times a day nearly every day for more than 4 months but for no longer than 12 consecutive months in children (<18 yrs old)

**Chronic motor or phonic tic disorder:** single or multiple motor or vocal tics but not both which occur many times a day on most days or intermittently throughout a period of more than 1 yr during which there was never a tic-free period of more than 3 consecutive months. (<18 yrs old)

**Tourette's syndrome:** both multiple and one or more vocal tics have been present at some time though not necessarily concurrently and the tics occur many times a day on most days or intermittently throughout a period of more than 1 yr during which there was never a tic-free period of more than three consecutive months (<18 yrs old).

Often TS is associated with other complex phenomena such as saying or doing movements gestures which are obscene or socially unacceptable (coprophrenomena, echophenomena). TS is also often associated with a number of behavioural disorders such as Attention Deficit Hyperactivity Disorders or Obsessive Compulsive Behaviours/Disorders.

## What causes tics:

The cause of motor tics is not fully understood, however, much research has suggested that there is a **strong genetic component, and therefore run in families**. Other research has also suggested that the constant movement or sound production is related to brain chemical (neurotransmitter) abnormalities (Dopamine).

## Course and Prognosis:

- 5% of children experience tics at some point
  - 3-4 times more common in boys than girls
  - If tics are chronic they are expected to be worse in severity at around 10 yrs of age.
  - In the vast majority of cases, they are temporary conditions that resolve on their own. In some children, however, the tics persist over time, becoming more complex and severe.
  - There is no diagnostic test for tics of definite treatment
- What to do if your child has developed tics:**
- ✓ Do not tell your child off about their tic; they are not doing on purpose
  - ✓ Do not try to stop your child from making repetitive movements or sounds, because this may cause them to become stressed, making the tic worse.
  - ✓ Wherever possible, ignore the tic because if attention is drawn to it, it may get worse.
  - ✓ Reassure your child that there is nothing wrong with them and that there is no reason for them to feel ashamed.

## What else can I try to help my child with the control of tics?

- To help your child to manage tics consider possible triggers of the tics; certain places or situations or emotions/ thoughts. Useful to try and tease those out and try to avoid them.
- Also try and point out situations when tics decrease: relaxation, exercise, focusing on doing something that you like.
- **Are there other therapies available for tic disorders?** There are behavioural therapies to help gain control over tics: these include habit reversal therapy and exposure response prevention therapy – available but might not be useful in all situations.
- **Should my child take medications for the tics?** Starting medication with possible side effects and often no desirable outcome is not generally suggested unless the tics are causing significant distress or interfere with development and everyday life.

*Always remember is that tics are not voluntary. Even if your child is sometimes able to control a tic by suppressing it, it is highly unlikely that they will be able to control their tics all of the time. Thus commonly children will tic more or mostly when they are at home.*

## What about school?

1. Having tics can present with additional challenges for a child at school. It is possible however through working in partnership with the school to support the child to the level required.
2. Speak to your child's teacher about their tic and perhaps seek permission for them to leave the classroom when their tics are particularly bad.
3. Make a point of educating other children about tics so that they are aware of your child's condition, and encourage them to react naturally.
4. **Advice your child to explain what is happening to other people:** It can be useful to develop ways for your child to explain their tics to other children who ask about them. This may help your child to deal with their tics and reduce any stress and anxiety that they are experiencing.

## You should take your child to see your GP if:

- The tics are causing emotional problems or physical discomfort, or interfering significantly with day-to-day activities
- The tics are accompanied by other worrying behaviour, such as anger, depression or self-harm.

**For more information on tic disorders and how to manage tics visit:  
<http://www.tourettes-action.org.uk/>**

