

Assessment of child presenting with Tics

History

- Getting a video of events may be helpful in making a diagnosis
- Categorise Tics
 - Age at onset and how long tics have been present
 - Type of tics – Motor and/or Vocal
 - Range, frequency and severity of tics
- Features supportive of tics
 - Identifiable triggers or contexts that exacerbate tics,
 - Premonitory urge
 - Able to voluntarily suppress for periods of time
 - Waxing/waning course
- Impact of tics
 - Do they disrupt normal activities
 - Discomfort or pain due to tics or tics that cause injuries
 - The social and emotional impact tics are having on the child
- Rule out features suggestive of seizures or movement disorder
 - Loss of/ altered consciousness or collapse
 - Tongue biting, incontinence,
 - Events in sleep
 - Continuous abnormal movements

Common co-morbidities

These should be enquired about as management and support of these conditions is often a greater priority than the Tics themselves.

- ADHD
- Autistic Spectrum Disorder
- Obsessive Compulsive Disorder
- Anxiety
- Behavioural difficulties

Examination

A full neurological examination should be performed. This should be normal except for the Tics themselves.

Investigations

Investigations are not needed to make a diagnosis of a primary tic disorder.

[Healthier Together | Tics and Tourette's syndrome parent's page](#)

Primary Tic Disorders

- Provisional Tic Disorder
Onset before 18 years
<12 months duration
Motor and/or Vocal Tics
- Chronic Motor/Vocal Tic Disorder
Onset before 18 years
> 12 months duration
Only ever had Motor OR vocal tics
- Tourette's Syndrome
Onset before 18 years
>12 months duration
Have had both motor and vocal tics
(need not be concurrent)

*Examples of negative impact on quality of life:

- Repeated physical injury or pain due to tics
- Significant impact on school performance due to reduced attendance or concentration

Green

Amber

Red

Clear diagnosis of motor +/- vocal tics with no concern of associated co-morbidity & Tics are not socially or emotionally having significant impact on the child's quality of life.

- If the patient's tics are negatively impacting on their quality of life* or causing ongoing distress even after accessing these resources:
[Tics and Tourette's Syndrome :: Oxfordshire Healthier Together \(oxfordshire-healthiertogether.nhs.uk\)](#)
<https://www.tourettes-action.org.uk/>
<https://www.nhs.uk/conditions/tourettes-syndrome/>
<https://www.oxfordhealth.nhs.uk/ohspic/problems/tic-disorders/>

- Abnormal Neurological examination findings
- History of developmental regression
- History of self-harming behaviours or suicidal ideation

No referral required

Outpatient referral

Urgent same day referral

- Manage with reassurance for the patient and family
- Sharing of clear, understandable information about symptoms and prognosis of condition
 - Inform the family that symptoms can vary over time and that need for further management may change
 - Provide the child's school with information regarding the child's diagnosis
- Useful resources: Tourette's action website - www.tourettes-action.org.uk

- Refer to General Paediatrics
- Consider a referral to [Tic disorders and Tourette Syndrome - OHSPICOHSPIC \(oxfordhealth.nhs.uk\)](#)
- CAMHS
- If features of a co-morbidity such as OCD, ASD, ADHD or behavioural difficulties are present, to assess and treat this (rather than tics themselves)
 - Pre-school aged children (under 5 years) presenting with significant developmental delay/learning disability or possible autism may be referred to Community Paediatrics for further assessment and management

- Urgent referral to CAMHS/A&E if concerns about suicidal ideation or self-harm
- Urgent referral to paediatrics to be seen the same day if any other red flag symptoms

Consider Paediatric Urgent Care Pathway

Useful numbers for clinicians in the community

Alternatives to hospital admission when GPs are considering referral:

- Oxford Paediatric Advice/Referral Line Tel: 01865 227533, Option 1 for HGH and Option 2 for JRH.
- If no response Tel: 01865 741166, Bleep 9403 for HGH or 1711/4734 for JRH Paediatrician on call
- Children's Community Nursing (CCN) Team via single point of access Tel: 01865 902700

- John Radcliffe Hospital Tel: 01865 741166**
Horton General Hospital Tel: 01295 275500
Royal Berkshire Hospital Tel: 0118 322 5111
Great Western Hospital Tel: 01793 604020
Stoke Mandeville Hospital Tel: 01296 315000