

### 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
  - Types of tic – 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)

### Red Flags

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

### Green No referral required

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

- 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](http://www.tourettes-action.org.uk)

### Amber Outpatient referral

#### Paediatrics

- If there is uncertainty about the diagnosis but no red flags,
- If symptom onset was abrupt with no red flags
- if the patient's tics are socially or emotionally impacting on their quality of life/ causing distress to the family.

#### CAMHS

- If features of a co-morbidity such as OCD, ASD, ADHD or behavioural difficulties are present
- in younger children referral may be to community paediatrics, this varies by local pathway for each condition

### Red Urgent same day referral

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