

TOURETTE SYNDROME

GILES DE LA TOURETTE SYNDROME (Herein referred to as TS)

First documented in 1895 by Giles de la Tourette, a French Neurologist and pupil of the famous Neurologist Charcot, this condition has perplexed physicians and patients alike for over 100 years. Its main characteristics are:

- A childhood-onset Neuro-biological Disorder which covers a broad spectrum of symptoms (a syndrome is a collection of common signs and symptoms)
- Characterised by multiple motor tics and at least one phonic tic
- The symptoms must have been present for at least 1 year and have a waxing and waning character
- Tics come in bouts and sometimes can be frequent, yet quiet at others
- TS is a hereditary condition for most, however, can occur spontaneously, or as a result of illness, accident or injury (esp to the brain)
- Can be accompanied by hyperactive, impulsive, obsessive or compulsive behaviours, anxiety and learning problems
- TS is an individual and complex condition affected by personality, temperament and acceptance within the person's family and peer group, however it appears in all races and covers the spectrum of intelligence.
- TS is often first observed in the school setting as average age of onset is 5-7 years.

- TS is **not** a psychiatric condition but can have psychological effects on individuals as it is a condition affected by underlying anxiety levels

TICS are classified as simple or complex:

Examples of SIMPLE tics

Motor tics

eye blinking, head jerking, shoulder shrugging, facial grimacing

Phonic tics

throat clearing, sniffing, gulping, grunting, squealing, barking

Examples of COMPLEX tics

Motor tics

Jumping, twirling around, touching tics, self-injurious tics, repetitive limb movements

Phonic tics

Uttering words, phrases, coprolalia (**involuntary** swearing or use of obscene words), palilalia (repeating one's own words), echolalia (repeating other's words or sounds just heard)

The variety of tics can be enormous and they often come and go and are replaced by others over a period of weeks or months.

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The CAUSE of TS is not definitively known but latest research indicates that as many as 1 in 100 children show signs of TS, with more boys than girls affected. It is believed that the cause is a genetic problem with the filtering system in the brain allowing an excess of neurotransmitters, generally believed to involve Dopamine, and possibly others.

MANAGEMENT skills have been shown to have effect on the symptoms of this disorder. There are also medications used to treat its symptoms, however, experience of the doctor is very important for the use of medication. Most GP's will refer patients suspected of having TS on to a specialist practitioner. Diagnosis is beneficial in that it provides certainty as to what the cause of the symptoms may be and reduces guilt and concern in the person with TS.

Most people with TS who are diagnosed young will come to an accommodation with the disorder. It is not progressive and in fact, many people find that upon reaching physical maturity, the symptoms lessen. It is, however, considered a chronic condition, so symptoms may reappear for periods in adult life when the individual is under stress.

The Tourette Syndrome Association of Australia Inc (TSAA) is a non-profit charity and volunteer support organisation since 1989, which provides information, resources and help to persons with the condition.

TSAA can be contacted via email:

info@tourette.org.au

Or phone: (02) 9382-3726.

The website is www.tourette.org.au and it provides much additional information and resources to purchase.

Support Groups are available in most states for local assistance to TSAA members.

Tourette Syndrome Awareness Week is normally the first week in May each year.

TSAA offers resources to schools who contact them directly and this includes a free DVD on the condition.

TSAA also provides talks on Tourette Syndrome to school staff, students or other interested organizations if manpower is available for the location.

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