

# Tourette Syndrome and Chronic Tics: Facts vs. Fiction

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Many people are familiar with tics—repetitive, stereotyped behaviors that can be vocal or motor in their presentation. Tic disorders, or Tourette Syndrome (TS), are sometimes portrayed or talked about in the media and in popular culture. However, these portrayals of TS can often be exaggerated or otherwise misrepresentative of what TS actually looks like. Tic disorders can affect people across all ages, ethnicities, genders, locations, and backgrounds. It is important that we differentiate what is true from what is not regarding TS so that we are sensitive to the presence of this disorder in our environments.

## **MYTH # 1**

*Tics occur only in children*

While tics are more prevalent in children than they are in adults, it is not the case that they only occur in one age group. The average age of onset for tics is around 6 or 7 years old.<sup>1</sup> Many individuals with TS gradually experience fewer tic symptoms over time, and about half of individuals that deal with tics in childhood see a decrease or are completely free of tic symptoms by the time they are adults.<sup>2</sup> However, the course of TS is unique for everyone, and it isn't possible to know how long tics will last when they onset. In order for an individual to receive a diagnosis of Tourette Syndrome, the tics must begin prior to the age of 18.

## **FACT # 1**

*Tics occur more often in males than in females*

The ratio of males with tics to females with tics is between 3:1 and 4:1.<sup>3</sup> We don't know for sure why it is more common in males.

## **MYTH # 2**

*Tics are usually people yelling out curse words or obscenities*

Coprolalia, the vocal expression of socially inappropriate, obscene or insulting words or expressions, is what is often displayed as TS in movies and television. Though coprolalia exists as a legitimate symptom for some individuals with TS, it is not as common as people may believe. For individuals with TS, coprolalia is present in about 15-20%.<sup>4</sup>

## **FACT # 2**

*Tic symptoms can vary widely person to person as well as within one person over time*

Tics can vary in a lot of ways. Doctors usually make a distinction between two major types of tics: *motor* tics (involving parts of the body) and *vocal* tics (producing words or sounds). Examples of motor tics would be twitching, jerking, blinking, foot tapping, or making facial expressions. Examples of vocal tics would be coughing, throat-clearing, making animal noises, or echoing words. Someone with TS has *both* motor and vocal tics of some kind.

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<sup>1</sup> Freeman et al., 2000.

<sup>2</sup> Burd et al., 2001.

<sup>3</sup> Staley et al., 1997.

<sup>4</sup> Freeman et al., 2009.

Tics can change for a person over time; a tic that someone does frequently when they are a young child may disappear by the time they are an adolescent and new tics may have appeared. Tics can also change depending on the environment a person is in. For example, someone with TS might perform one kind of tic very often when they are at school but feel no urge to perform this tic when they are at sports practice or at home.<sup>5</sup>

### **MYTH # 3**

*Everyone always stares if you have tics.*

Tics can be simple (a smaller behavior, probably involving only one body part) or they can be complex (involving several muscle groups and may be more noticeable). Some tics will interfere greatly with a person's life because they may interrupt a task the person is trying to complete or because they occur so frequently that the person cannot focus or be productive. Tics might also be interfering and even distressing for a person with TS because their tics attract unwanted attention. However, tics do not *necessarily* greatly interfere with a person's functioning because they may not be very obvious to other people in the environment. If you are standing next to somebody who has TS, you may not even be able to see them ticing. For example, someone with TS may have a tic in which they need to clench their stomach over and over again.

### **FACT # 3**

*Tics can be treated effectively in a variety of ways.*

Many different types of treatment currently exist and can be highly effective. Pharmacological treatments that are often used include traditional and atypical antipsychotics (such as haloperidol, pimozide and risperidone), as well as alpha-agonists (such as clonidine and guanfacine). Some people prefer to not use a pharmacological treatment because these medications can have unwanted side effects including weight gain, cognitive dulling, fatigue, depression, motor restlessness, and muscular rigidity. Behavioral and psychosocial therapies can also be effective in addressing tics. Habit Reversal Training, an empirically-supported behavioral therapy, teaches the individual to habituate to the premonitory urge and to adopt a behavior that is physically incompatible with the tic, thus disrupting the cycle of urges and ticing.

Nonetheless, not all individuals with tics seek treatment, as many people with TS naturally and gradually experience fewer tic symptoms over time. In fact, about half of individuals that deal with tics in childhood see a decrease in or are completely free of tic symptoms by the time they are adults. Though we do not know for sure, it is possible that those whom experience TS well into adulthood have a more severe form of the disorder.

## **References**

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<sup>5</sup> Kircanski et al., 2010.

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*For more detailed information regarding medication for Tourette Syndrome, please refer to the [Tourette Syndrome Association](#)*