Tic Disorders/Tourette Syndrome Policy

Review of Standard of Care

Background

- Gilles de la Tourette syndrome (Tourette syndrome) is an early childhood-onset neurodevelopmental disorder marked by the appearance of multiple involuntary movements and vocalizations, referred to as "tics."
- Tourette syndrome is commonly associated with comorbid conditions such as attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder, anxiety disorder and other behavioral problems.
- According to some reports, 80% to 90% of patients with Tourette syndrome have both tics and psychiatric manifestations.
- These comorbid disorders can cause significant functional impairment and poor self-esteem and can affect the quality of life of patients with Tourette syndrome.

Management

- Behavioral treatment can reduce the frequency of tics and increase functioning, adaptation and coping skills.
- Behavioral therapy specific for tics:
    - Comprehensive behavioral intervention for tics (CBIT)
    - Habit reversal training (HRT)
    - Exposure and response prevention therapy (ERP)
- There is no cure for tics, and while pharmacologic agents can reduce tic frequency, there are potential significant side effects from medications, and they rarely eradicate tics completely.
- The pharmacologic treatments for tics include alpha agonists, anticonvulsants, dopamine depletors and antipsychotics

Provider checklist

- Provide patient with the handout Tics and Tic Disorders, found at https://www.seattlechildrens.org/pdf/PE2224.pdf.

- Direct patient to Tourette Association of America website (Tourette.org) to find "Tools for Parents," "Parent and Family Resources," "Tourette in the Classroom – Helpful Resources" and a Resource Library. The Centers for Disease Control (CDC) offers Information about Tourette Syndrome for Families at https://www.cdc.gov/ncbddd/tourette/families.html.

- Refer patient for a psychological evaluation to screen for comorbid conditions and to provide cognitive behavioral therapy. Families can call the Washington Mental Health Referral Service for Children and Teens at 833-303-5437 for assistance finding qualified therapists who have access and take their insurance. Alternatively, you can use the Partnership Access Line (PAL) to request to connect your patient with a qualified therapist (PAL will transfer the request to the Washington Mental Health Referral Service for Children and Teens, who will reach out to the family directly and notify you when a referral is made).

- Refer patient for *specific* behavioral therapies such as CBIT, HRT or ERP, if available (see earlier).
    - ***Bellingham*** – Katharine Wolhart, MSW, LICSW, at *Sendan Center*, Bellingham, WA, 360-305-3275
    - ***Gig Harbor*** – *Diana Dean, MA, CCC*, 253-851-6922
    - ***Issaquah*** – *Leafar Espinoza, PhD; Tana Carpita, MSW, LICSW, 425-877-3484*
    - ***Seattle*** – *Amy Bohlander, PhD; EBT Centers; Suzanna Eller, MA, LMHC*, 206-320-5331*; Matt Hopperstad, MD; Rachel Montague, PhD (Brooks Powers Group); Seattle Children's Hospital; Seattle Clinic (Andrew Fleming, PhD, and Julia Hitch, PhD)*
    - ***Yakima*** – *Renee Slaven, LICSW*, 509-823-4130

- Consider daily preventive medications for patients with pain or impairment in social functioning as a result of the tics.
    - **First line:**
        - Clonidine: 0.05 mg per day; maximum 0.1 to 0.3 mg per day, divided one to three times per day, or
        - Guanfacine: 0.5 mg per day; maximum 4 mg per day, divided one to two times per day
    - **Second line:**
        - Topiramate: 1 to 9 mg/kg/day; maximum 200 mg per day, divided one to two times per day

References

https://www.aan.com/Guidelines/Home/GetGuidelineContent/960

http://www.bcmhsus.ca/Documents/canadian-guidelines-for-the-evidence-based-treatment-of-tourette-syndrome.pdf

https://link.springer.com/content/pdf/10.1007%2Fs40263-017-0486-0.pdf

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