

Tics and Tic Disorders

Tics are uncontrolled, involuntary movements or sounds. It is not clear what causes them. Most children outgrow them by the end of puberty.

What are tics?

Tics are quick, sudden, repeated movements or sounds that your child makes and cannot control. Tics can happen anywhere in the body, including your child's shoulders, hands, arms, legs and face.

Most tics are not noticed by others, although sometimes they become more obvious. When this happens, it can be embarrassing for your child, especially as a teenager. A tic disorder is when tics start to affect your child's daily life.

Common tics

- Eye blinking
 - Mouth twitching
 - Nose wrinkling
 - Sniffing
 - Throat clearing
 - Grunting
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How common are tic disorders?

Many children have tics. They are more common in boys than girls.

What causes tics?

We do not know what causes tics. We think that they might be related to an undetectable chemical imbalance in the brain. They often seem to be passed down from a family member (inherited).

At what age do children usually have tics?

Many children develop tics during their early school years. Most children outgrow them by the end of puberty.

Can they get worse?

Yes, some factors may make your child's tics worse. These include:

- Taking certain medicines, including some used to treat attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)
 - Stress or high emotions
 - Anxiety
 - Excitement
 - Being tired
 - Drawing attention to your child's tic
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To Learn More

- Neurology
206-987-2078
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What are the symptoms?

Tics are involuntary movements (motor tics) or sounds (vocal tics) that your child makes over and over again. Tics can be simple or complex, depending on whether the tic involves more than one movement or sound.

Tics typically come and go and may change over time. Some children can temporarily delay having a tic, but the urge to have it is difficult to stop.

Tic classifications

- **Simple motor tics:** Tics that involve 1 muscle group. They are fast and meaningless, such as eye blinking, lip pouting, head jerking, finger movements, frowning, grimacing, abdominal tensing, jaw snapping, nose twitching, arm jerking, kicking or tooth clicking.
- **Complex motor tics:** Tics that are more involved, slower and more meaningful movements involving 2 or more muscle groups. Some examples include hopping, twirling, biting, rolling eyes, funny expressions, obsessively touching, head banging, pinching, throwing, bending or picking at skin.
- **Simple vocal tics:** Tics that are meaningless sounds or noises that involve only 1 sound or noise, such as throat clearing, grunting, nose sniffing, coughing, hissing, or barking. Vocal tics can sometimes affect the way your child speaks because it can be hard to get words out during tics.
- **Complex vocal tics:** Tics that involve more meaningful words that might interrupt your child while talking. They may also cause your child's voice to change in pitch or loudness. Some examples include changes in breathing patterns, using a phrase over and over again or saying their own words and phrases repeatedly.

Tic types

Tics are also classified depending on how long your child has had the tic. The most common tic disorders types include:

- **Transient tic disorder:** These tics can happen once, or come and go. They last less than 1 year and go away. These can be motor or vocal.
- **Chronic motor or vocal tic disorder:** These tics last for more than 1 year. Any break in the tics does not last for more than 3 months. They are either vocal or motor tics, but not both.
- **Tourette syndrome:** Like chronic tics, these last for more than 1 year and any break from the tics does not last for more than 3 months. However, children with Tourette Syndrome have **both** motor and vocal tics. They may also have problems with being anxious, paying attention, learning and controlling impulsive or obsessive behaviors.

How are they diagnosed?

We can usually diagnose tics by giving your child a physical examination and talking with you about their symptoms. We will ask you and your child a few questions about their tics. You will describe the tic, how long it lasts, what makes it worse, and how they feel just before the tic starts and when it is over.

There are no specific medical tests used to diagnose tics or tic disorders. However, in rare cases, if we think your child's tics might be caused by another condition, we may run some tests such as an electroencephalogram (EEG) or a MRI (Magnetic Resonance Imaging) on their brain to rule out other problems.

Can tics be prevented?

Most of the time, tics cannot be prevented. However, there are things that you can do to help them from getting worse, including:

- **Reduce stress.** Since stress may make tics worse, try to reduce your child's stress level to prevent or reduce the tics. For example, stay organized and avoid waiting until the last minute to complete homework assignments or other obligations.
- **Help your child try not to focus on the tic.** Thinking about it or feeling embarrassed about the tic can make it worse. Explain to your child that it is OK to have the tic and not to worry about it.
- **Do not draw attention to the tic.** Teach your child's friends and family members to ignore the tics whenever possible. Pointing them out may make them worse. Talk with your child's teachers and childcare providers so they can intervene if your child is teased or bullied.
- **Make sure your child gets enough sleep.** Make sure your child avoids becoming too tired because fatigue can trigger tics.

Make sure your child knows to talk with you or another trusted adult about the things that are bothering them. We offer many resources to help your child cope with stress, including referral to other clinics.

Will my child outgrow them?

Most of the time, your child will outgrow tics on their own without treatment. Tics can continue into the teenage years, but they usually go away or improve in adulthood.

How are they treated?

Treatment is focused on helping your child minimize their tics, and usually does not involve medicine.

Comprehensive Behavioral Intervention for Tics or CBIT (pronounced "see-bit") is a therapy that can reduce tics. This treatment is weekly, for 8 sessions over 10 weeks with a therapist. The exact schedule can be adjusted to meet the needs of your child and family. CBIT has 3 components:

- Training your child to be more aware of the tics and the urge to tic
- Helping your child do a competing behavior when they feel the urge to tic
- Making changes to daily activities to reduce tics

We may prescribe medicine to help control the tics if they interfere with your child's wellbeing, including:

- How they feel about themselves
- Their relationships with others
- Causing physical harm or pain to your child

Using medicine is a serious decision and we will talk with you about the risks and benefits if we feel that your child needs this type of treatment.

Getting emotional support from family, friends and a psychologist or counselor can also be helpful for you and your child. Severe or chronic tics can be challenging for children to live with, especially as a teenager. Having information on tics and tic disorders for other family members and teachers can be helpful. We can help you with this, as well as referral to other clinics, such as Psychiatry and Behavioral Medicine or the Biofeedback Program.

When should my child see the doctor?

If your child suddenly develops severe tics, or if the tics worsen, schedule an appointment with your pediatrician. Your child's doctor can evaluate your child and provide helpful resources. If your pediatrician thinks that medicine might be needed, your doctor will make a referral to Seattle Children's Neurology or Psychiatry and Behavioral Medicine department.
