

CORRESPONDENCE

Tourette Syndrome and Other Tic Disorders in Childhood, Adolescence and Adulthood

by Prof. Dr. med. Andrea G. Ludolph, Prof. Dr. med. Veit Roessner, Prof. Dr. med. Alexander Münchau, Prof. Dr. med. Kirsten Müller-Vahl in volume 48/12

Additional Treatment Options

Although Tourette syndrome is not among the most common disorders seen by practicing child and adolescent psychiatrists it is certainly among those disorders that are difficult to treat and associated with a high suicide risk. I wish to add that in treating this complex disorder, combination treatment with different medications can be useful. In treating the compulsive symptoms it is important that serotonin reuptake inhibitors (SSRI) are given at a very high dosage for this indication (fluoxetine, for example, at 60 mg) and that doctor/patient wait for a long period (eight weeks or longer) since otherwise it is impossible to assess whether the medication is effective. A lower dosage and stopping the drug early are common mistakes.

Furthermore it is important to assess whether the tic symptoms are genuine tics or compulsive behaviors in the context of obsessive-compulsive disorder, since compulsions may resemble tics (wrinkling one's nose, squeezing one's eyes together) that may be misinterpreted as tics. Other causes of tics must absolutely be excluded (direct drug or medication effects or a different underlying disorder (for example, Huntington's chorea or postviral encephalitis)). A thorough physical diagnostic exam including MRI (to rule out tumors) makes sense.

In addition to behavior therapy and medication, good psychoeducation—including the family—makes sense.

DOI: 10.3238/arztebl.2013.0285a

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We wish to emphasize again that tic disorders are frequent, especially in children and adolescents (Tourette syndrome 1%, transient motor tic disorders 10–15%). Actual impairment and therefore need for treatment are notably less common, but because of the high susceptibility to further behavioral abnormalities, consultations of child and adolescent psychiatrists are not rare.

Tics usually respond well to pharmacological treatment or behavioral therapies. Combination therapy or even deep brain stimulation are only required in case of severe tics or several

comorbidities. We described in our article the unsatisfactory evidence base for psychopharmacological therapy (1).

We are not aware that Tourette syndrome—even in patients with comorbid depression—is associated with an overly increased risk of suicide. In severely affected patients, distinct autoaggressive actions may occur, but these differ from suicidal acts (2).

We explicitly agree with Calia that medication treatment of compulsions has to be given at higher dosages and for a minimum of three months (3). It is also correct that medications have to be ruled out as the cause of tic-like movements. It is usually easy to differentiate tics from compulsive symptoms because of the typical course of tics. In patients with complex tics and compulsions, this differentiation may be more difficult. In our opinion, MRI is indicated only in patients whose findings are untypical (abnormal neurological findings on examination, lacking fluctuation of tics, absence of premonitory urge, inability to suppress tics).

We want to emphasize once more the importance of providing an elaborate and detailed psychoeducation and information of the caregivers and peers of the affected children and adolescents. Such measures can substantially contribute to preventing social withdrawal (which may even become social phobia) (4).

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Conflict of interest statement

Prof. Ludolph has served as a consultant for, and has received reimbursement for travel costs from Shire Pharmaceuticals. She has received lecture honoraria from Janssen-Cilag, Medice Pharma, and Lilly as well as an unrestricted research grant from Novartis and has carried out clinical trials in cooperation with the Janssen-Cilag, Otsuka, Shire, and Boehringer Ingelheim.

Prof. Roessner has received payment for consulting and writing activities from Lilly, Novartis, and Shire Pharmaceuticals, lecture honoraria from Lilly, Novartis, Shire Pharmaceuticals, and Medice Pharma, and support for research from Shire and Novartis. He has carried out (and is currently carrying out) clinical trials in cooperation with Novartis, Shire, and Otsuka.

Prof. Münchau is serving on the advisory board of Merz Pharmaceuticals. He has received reimbursement of travel expenses and medical conference delegate fees from Merz Pharmaceuticals and Pharm Allergan, and Ipsen. He has received honoraria for preparing continuing medical educational events from Merz Pharmaceuticals, Pharm Allergan, Ipsen, Desitin, and GSK and honoraria for conducting clinical studies and a research project initiated by himself from Merz Pharmaceuticals and Pharm Allergan, and Ipsen.

Prof. Müller-Vahl has received financial support for research from the Lundbeck company and has carried out (and is currently carrying out) clinical trials in cooperation with Otsuka Pharma and Boehringer Ingelheim.