



## What is a Tic?



**A** tic is a sudden, rapid, recurrent, nonrhythmic, motor movement or vocalization (APA 2013). Tics wax and wane and vary in frequency and intensity across time. Tics tend to worsen during times of stress and can increase based on certain environments and interactions. Tics are involuntary but can usually be suppressed. Tics can be **motor** (movements) or **vocal** (produce a sound).

## Examples of common motor and vocal tics

MOTOR (movements)	VOCAL (produce a sound)
<ul style="list-style-type: none"> <li>• eye blinking</li> <li>• facial grimacing</li> <li>• jaw movements</li> <li>• head bobbing/jerking</li> <li>• shoulder shrugging</li> <li>• neck stretching</li> <li>• arm jerking</li> </ul> <p>➤ Can also include more complex combinations of movements such as hopping, twirling, or jumping.</p>	<ul style="list-style-type: none"> <li>• sniffing</li> <li>• throat clearing</li> <li>• grunting</li> <li>• hooting</li> <li>• shouting</li> </ul> <p>➤ Can also include more complex vocal tics such as words or phrases that may or may not be recognizable but that consistently occur out of context.</p>

## What is Tourette's?

Tourette's Disorder (TD) is a neurodevelopmental disorder that affects children, adolescents and adults. TD is one type of Tic Disorder. Tourette's Disorder is diagnosed when a person demonstrates both motor and vocal tics before age 18 and for a period of more than 1 year. Most people with TD have multiple types of tics.

## Are tics common?

Tics occur in as many as 1 in 5 school-aged children at some time but may not persist. Tourette's Disorder (TD) and other Tic Disorders combined are estimated to occur in more than 1 in 50 school-aged children in the United States. TD occurs in 1 in 160 (0.6%) school-aged children, although it is estimated that 50% are going undiagnosed. The reported prevalence for those who have been diagnosed with Tourette's is lower than the true number, most likely because tics often go unrecognized. TD affects all races, ethnic groups and ages, but is 3-4 times more common in boys than in girls.

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## What is the typical course?

Tics typically start in young children (4-8 years old) and will often start with motor tics, then vocal. Tics typically start in the head and face, and then in the body/limbs. Most often, tics start as simple tics and then develop into more complex tics. The peak severity for tics is early to mid-teens (11-14). Tics resolve in about 1/3 of cases as children grow into adulthood. Tics become substantially less severe in another 1/3 of cases, and in the remainder of cases, TD is lifelong.

## What causes tics?

The causes of TD and other Tic Disorders remain unknown. These conditions tend to occur in families, and numerous studies have confirmed that genetics are involved. Environmental, developmental, or other factors may also contribute to these disorders but, at present, no specific agent or event has been identified. Researchers are continuing to search for the genes and other factors underlying the development of Tic Disorders.

## Who diagnoses and treats Tourette's Disorder?

Most commonly TD is treated by both medical doctors (which include neurologists and psychiatrists) and allied professionals (which include psychologists, social workers, counselors and occupational therapists). It is recommended that your first point of contact be your physician, who should be able to make referrals if appropriate.

## Do people with Tourette's Disorder experience issues in addition to tics?

86% of individuals with Tourette's Disorder experience co-occurring conditions, such as obsessive-compulsive disorder (OCD), Attention Deficit-Hyperactivity Disorder (ADHD), anxiety, learning difficulties, and more.

## Debunking Myths about Tics:

### Myth: Everyone with Tourette's blurts out obscenities.

**FACT:** While frequently portrayed in the media as a common symptom of TD, this only affects 10%-15% of individuals with Tourette's. For those who do experience inappropriate vocal tics (e.g., swear words, ethnic slurs, or other socially unacceptable words or phrases), they are completely involuntary and repetitive.

### Myth: Everyone who has tics also has TD.

**FACT:** Not everyone who has tics has Tourette's Disorder. Tic conditions vary widely in duration (few weeks to lifelong), frequency, severity, and number of tics (one to multiple). For tics that are present for less than a year, a person may have a diagnosis of "chronic motor or vocal tic disorder."

### Myth: People with TD can control their movements and sounds if they really want to.

**FACT:** The physical and vocal tics associated with TD are thought to be the result of altered brain structure and function and are thus involuntary (like a sneeze) or uncontrollable. Some individuals can temporarily interrupt the expression of their tics, but this is unusual and not lasting. With behavioral therapy, some people can learn to manage their tics, but successful response to behavior therapy does not mean the tics were a behavioral issue rather than a neurological problem.

### Myth: Tics only occur in children.

**FACT:** Although TD and tics are more frequently seen in children, these conditions occur in all age groups. Indeed, while childhood tics can decline as an individual gets older, many adults live their entire life with persistent tics which can range from mild to severe.

### Myth: People with TD can't lead "typical" lives.

**FACT:** While TD can have a profoundly negative impact on the lifestyle of some individuals, others can lead rich and fulfilling lives. Many people with TD are high-achievers and find that their tics tend to subside when they are concentrating hard on a task.

## Additional Resources

→ <https://tourette.org/find-a-provider/>

➡ **For more information** or to make an appointment at the Boys Town Center for Behavioral Health, call **531-355-3358**.

Visit **Parenting.org** for more information from the parenting experts at Boys Town.

