

# COMORBID *disorders*

If an individual is diagnosed with other disorders alongside Tourette Syndrome, referred to as Comorbidities, this is known clinically as Tourette's Plus (TS+).

Approximately 80 per cent of those diagnosed with Tourette's have an existing comorbidity.



The combination of these traits can make it difficult for a child to remain on task in the classroom or for an employee to focus or complete a task to a deadline. This can lead to frustration and inability to control anger.

Often the combination of anxiety and Tourette Syndrome results in individuals preferring to avoid social situations.

Tics are uncomfortable and at times painful. Sometimes children try to suppress tics so that they don't disrupt those around them. This takes a great deal of energy and concentration. Often the bottled-up tics will explode in what is referred to as a tic attack.

The tics occur 24 hours a day and often sleep can be disrupted or even prevented due to the nature of tics. Tiredness can also trigger an onset of tics.



Children with Tourette Syndrome are often happy to speak one-on-one with teachers about their tics and can offer suggestions on what can help to manage their tics.

The Tourette's Association of New Zealand (TANZ) is a registered charitable trust.

It was established in 2013 to provide support and information services to New Zealanders living with Tourette Syndrome.

TANZ offers peer-to-peer support for those living with Tourette Syndrome as well as to parents of children diagnosed with Tourette Syndrome.

It also provides professional development sessions to the health and education sectors.

*tic loud and  
tic proud.  
give a tic.*

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# What IS TOURETTE SYNDROME ?



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# What IS TOURETTE SYNDROME?

**Tourette Syndrome is a complex neurological disorder that is unpredictable, uncontrollable and incredibly misunderstood.**

It is a paediatric, genetic disorder that is characterised by both motor and vocal tics.

Research suggests that six in 1000 children are born with the Tourette Syndrome gene however only a small percentage of those children have significant tics that adversely impact on their lives.

Medical symptoms can be extreme and the social and educational effects are serious. A formal diagnosis of Tourette Syndrome requires that both motor and vocal tics be concurrent for at least a year before the age of 18.

## JUST A *tic*



TICS ARE PHYSICAL AND VOCAL TOURETTE'S IS NEUROLOGICAL

**Tics come and go in frequency, number, complexity and severity and at times can seem to have disappeared. They can even change overnight.**

They will increase with stress or anxiety and can be brought on by suggestive words or instructions that require them to focus. For instance if a child is having to focus on being quiet in assembly he/she will inevitably tic louder and more often than usual as the brain is stuck on that concept.

## TYPES OF *tics*

### Common motor tics:

- excessive eye blinking or eye rolling
- clenching of the jaw or shoulders
- excessive neck twitches
- imitating others actions
- biting and hitting oneself
- pulling out eyelashes or hair
- smelling or sniffing things



### Common vocal tics:

- coughing or throat clearing
- grunting
- throat clearing
- shrieking
- whistling
- animal sounds
- repeating others words or phrases

!@#%



## THE NATURE OF *tics*

**Tics go through a cycle of waxing and waning. This results in tic activity increasing and/or decreasing in number, frequency, severity and complexity.**

*tic loud and tic proud. give a tic.*

Tics are involuntary and are not attention-seeking behaviours. Some individuals are able to suppress their tics in public while others learn to mask certain tics.

Cognitive Behavioural Intervention for the management of Tics (CBIT) can be successful to prevent tics occurring.

Some individuals find that their tics disappear when they are engaged in an activity that they enjoy and concentrate on.

## MANAGING *tics*

**Depending on the level of tic activity prescription medication may assist with managing the frequency, complexity and severity of tics.**

Non-pharmaceutical interventions like Cognitive Behaviour Therapy or Reversal Therapy can help to reduce the impact of tics.

Supplementary treatments may also help with muscle strain and relaxation like massage, deep breathing exercises, magnesium capsules and warm baths with Epsom salts. Always speak to a health professional for advice.

In a classroom situation the introduction of a stress ball, earplugs or similar tools can help minimise tics and manage sensory overload.



## DID YOU *know?*

**80%** —————

Approximately of children with Tourette Syndrome have a **comorbid disorder**.

**10%** —————

**Coprolalia**, the swearing tic, only affects 10 per cent of those diagnosed with Tourette Syndrome.



6 IN 1000 ARE BORN WITH TOURETTE'S