Primary Tic Disorder Pathway

Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Assessment of child presenting with Tics

History

- Getting a video of events may be helpful in making a diagnosis
- Categorise Tics
  - Age at onset and how long tics have been present
  - Types of tic – Motor and/or Vocal
  - Range, frequency and severity of tics
- Features supportive of tics
  - Identifiable triggers or contexts that exacerbate tics,
  - Premonitory urge
  - Able to voluntarily suppress for periods of tine
  - Waxing/waning course
- Impact of tics
  - Do they disrupt normal activities
  - Discomfort or pain due to tics or tics that cause injuries
  - The social and emotional impact tics are having on the child
- Rule out features suggestive of seizures or movement disorder
  - Loss of/ altered consciousness or collapse
  - Tongue biting, incontinence,
  - events in sleep
  - continuous abnormal movements

Common co-morbidities

These should be enquired about as management and support of these conditions is often a greater priority than the Tics themselves.

- ADHD
- Autistic Spectrum Disorder
- Obsessive Compulsive Disorder
- Anxiety
- Behavioural difficulties

Examination

A full neurological examination should be performed. This should be normal except for the Tics themselves

Investigations

Investigations are not needed to make a diagnosis of a primary tic disorder.

Healthier Together | Tics and Tourette's syndrome parent's page

Primary Tic Disorders

Provisional Tic Disorder
- Onset before 18 years
- <12 months duration
- Motor and/or Vocal TIcs

Chronic Motor/Vocal Tic Disorder
- Onset before 18 years
- > 12 months duration
- Only ever had Motor OR vocal tics

Tourette's Syndrome
- Onset before 18 years
- >12 months duration
- Have had both motor and vocal tics (need not be concurrent)

Red Flags

- Abnormal Neurological examination findings
- History of developmental regression
- History of self-harming behaviours or suicidal ideation

Green No referral required	Amber Outpatient referral	Red Urgent same day referral
Clear diagnosis of motor +/- vocal tics with no concern of associated co-morbidity & Tics are not socially or emotionally having significant impact on the child's quality of life • Manage with reassurance for the patient and family • Sharing of clear, understandable information about symptoms and prognosis of condition • Inform the family that symptoms can vary over time and that need for further management may change • Provide the child's school with information regarding the child's diagnosis Useful resources: Tourette's action website - www.tourettes-action.org.uk	Paediatrics • If there is uncertainty about the diagnosis but no red flags, • If symptom onset was abrupt with no red flags • if the patient's tics are socially or emotionally impacting on their quality of life/ causing distress to the family. CAMHS • If features of a co-morbidity such as OCD, ASD, ADHD or behavioural difficulties are present • in younger children referral may be to community paediatrics, this varies by local pathway for each condition	Urgent referral to CAMHS/A&E if concerns about suicidal ideation or self-harm Urgent referral to paediatrics to be seen the same day if any other reg flag symptoms

This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups