Editorial note on Tourette Syndrome

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Editorial Note

Tourette syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics. The disorder is named after Dr. Georges Gilles de la Tourette, the pioneering French neurologist who in 1885 first described the condition in an 86-year-old French noblewoman. The early symptoms of TS are typically noticed first in childhood, with the typical onset between the ages of three and 9 years. TS occurs in people from all ethnic groups; males are affected about three to fourfold more often than females. it's estimated that 200,000 Americans have the foremost severe sort of TS, and as many together in 100 exhibit milder and fewer complex symptoms like chronic motor or vocal tics. Although TS are often a chronic condition with symptoms lasting a lifetime, most of the people with the condition experience their worst tic symptoms in their early teens, with improvement occurring within the late teens and continuing into adulthood.

Tics are classified as either simple or complex. Simple motor tics are sudden, brief, repetitive movements that involve a limited number of muscle groups. a number of the more common simple tics include eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Simple vocalizations might include repetitive throat-clearing, sniffing, or grunting sounds. Complex tics are distinct, coordinated patterns of movements involving several muscle groups. Complex motor tics might include facial grimacing combined with a head twist and a shoulder shrug. Other complex motor tics may very well appear purposeful, including sniffing or touching objects, hopping, jumping, bending, or twisting. Simple vocal tics may include throat-clearing, sniffing/snorting, grunting, or barking. More complex vocal tics include words or phrases.

Although the symptoms of TS are involuntary, some people can sometimes suppress, camouflage, or otherwise manage their tics in an attempt to attenuate their impact on functioning. However, people with TS often report a considerable buildup in tension when suppressing their tics to the purpose where they feel that the tic must be expressed (against their will). Tics in response to an environmental trigger can appear to be voluntary or purposeful but aren't. Although the explanation for TS is unknown, current research points to abnormalities in certain brain regions (including the basal ganglia, frontal lobes, and cortex), the circuits that interconnect these regions, and therefore the neurotransmitters (dopamine, serotonin, and norepinephrine) liable for communication among nerve cells. Given the usually complex presentation of TS, the explanation for the disorder is probably going to be equally complex.

Many individuals with TS experience additional neurobehavioral problems that always cause more impairment than the tics themselves. These include inattention, hyperactivity and impulsivity (attention deficit hyperactivity disorder—ADHD); problems with reading, writing, and arithmetic; and obsessive-compulsive symptoms like intrusive thoughts/worries and repetitive behaviors. For instance, worries about dirt and germs could also be related to repetitive hand-washing, and concerns about bad things happening could also be related to ritualistic behaviors such as counting, repeating, ordering or arranging.

TS is diagnosed by doctors after verifying that the patient has had both motor and vocal tics for a minimum of 1 year. The existence of other neurological or psychiatric conditions also can help doctors reach a diagnosis. Common tics aren't often misdiagnosed by knowledgeable clinicians. However, atypical symptoms or atypical presentations (for example, onset of symptoms in adulthood) may require specialty expertise for diagnosis.

Because tic symptoms often don't cause impairment, the bulk of individuals with TS require no medication for tic suppression. However, effective medications are available for those whose symptoms interfere with functioning. Neuroleptics (drugs which will be wont to treat psychotic and non-psychotic disorders) are the foremost consistently useful medications for tic suppression; variety are available but some are simpler than others (for example, haloperidol and pimozide). Unfortunately, there's no medication that's helpful to all or any people with TS, nor does any medication completely eliminate symptoms. Behavioral treatments like awareness training and competing response training also can be used to reduce tics. A recent NIH-funded, multi-center randomized control trial called Cognitive Behavioral Intervention for Tics, or CBIT, showed that training to voluntarily move in response to a premonitory urge can reduce tic symptoms. However, supportive therapy can also help an individual with TS to deal with the secondary social and emotional problems that sometimes occur. Evidence from twin and family studies suggests that TS is a genetic disease. Although there's no cure for TS, the condition in many individuals improves within the late teens and early 20s. As a result, some may very well become symptom-free or not need medication for tic suppression. Although the disorder is usually lifelong and chronic, it's not a degenerative condition. Individuals with TS have a normal expectancy.

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