Background
For more than 30 years we have seen many patients with tic disorders or Tourette’s syndrome in our social psychiatric practice.

At the same time, we now routinely record the persistence of early childhood reflexes that influence affect, concentration, sensorimotor skills and motor development.

It is known that a high level of inner tension or an unstable emotional state contribute to the triggering of tics or lead to an increase in tics.

The question was, whether working on persistent reflexes can contribute to an improvement in tic disorders.

Keywords
Tic Disorder; Tourette Syndrome; OPATUS CPTa®; PPR; Persisting preborn reflexes; RIP®.

Methods
As part of the initial neurological examination, an approx. 2–3-minute screening for persistent reflexes is carried out after RIP®, ATNR, STNR, 5G, TLR and MORO are recorded. (7, 8, 9)

The examination includes the general neurological examination and, in the case of a tic disorder, the recording and description of motor and vocal tics as well as special attention to hypersensitivity, stimulus openness in certain perception channels as well as additional examinations of the psychiatric status, cognition and concentration.

Additional technical examinations include age-adjusted tests for cognition, the OPATUS CPTa® and projective methods. (12)

In the case of the persistence of early childhood reflexes, a neuropsychological examination program is instructed, which is carried out by the client or together with partners or parents for 10-15 minutes a day. (8, 9)

Accompanying exercise instructions are coordinated at intervals of 4-6 weeks.
Medical checks take place every 3 months and record changes in the above parameters. If additional tic medication is required, a decision is then also made about dose adjustments, which necessitate a lowering of the dose if the stress and tic reduction is successful.

Results and Conclusions
Parallel to the reduction in persistent reflexes, we usually also observe a reduction in the intensity of the tic and the level of suffering.
Correspondingly, comorbidities such as disorders of social behavior and concentration decrease.
Medications can be avoided in milder cases or reduced in dose more quickly.
This relates to both specific tic medications and medications for comorbidities.

Discussion
In addition to standard treatments such as HRT, psychomotor approaches are also effective in many cases and we recommend regular screening for persistence of early childhood reflexes at the beginning of tic treatment, which are more causal than behavioral and/or relaxation therapy approaches. (11)
Further research is needed to provide a wider range of supportive therapy options.

References
1. https://tourette-gesellschaft.de/ursachen symptome/