Surveillance study of a UK cohort of adolescents presenting with functional tic-like behaviours (FTLB):

Authors: Alexandra Ducroziet, Rebecca Lancaster, Claire Eccles, Aleksandra Kowalczyk, Sara Sopena, Claire Grose, Seonaid Anderson, Amanda Ludlow, Taimin Owen, Osman Malik, Tammy Hedderly

Background

Currently, few studies have investigated the prognosis for children with FTLB:

- One study found 20% of children had remission without active treatment, but 55% relapsed (Martin et al., 2023).
- Another reviewed 11 adolescents with FTLB and showed variable outcomes in anxiety and tics at 1 year follow up (Prato et al., 2023).
- One reported marked improvements in symptoms in the majority of 15 adolescents studied (Howlett et al., 2022). Similarly, a study looking at 28 adolescents found that all had improved resolutions or resolution of FTLB symptoms (Oikkels et al., 2023).

Methods

We completed a clinical interview with parents/caregivers of patients diagnosed with FTLB between 1-4 years after symptom onset (n=43). We also administered a structured questionnaire with a collation of qualitative and quantitative data. Inclusion criteria included teenagers with FTLB in the Evelina TANDEM service (all aged under 18 years at diagnosis). Retrospective Children’s Global Assessment Scale (CGAS) scores were done by the clinicians at diagnosis and repeated at follow-up. CGAS is a measure of general function, wellbeing and impairment.

Demographics:

100% (n=43) biologically female
95% cis gender female

Mean age at symptom onset: 12.4 years old (SD 2.2 years)

88.4% have at least one diagnosed co-occurring condition
69.8% had an anxiety disorder

Findings:

4/6 engaged in psychological/behavioural therapy or psychoeducation
All attending full-time school
3/6 diagnosed with an anxiety disorder
None on pharmacological treatment for FTLB/FND/psychiatric comorbidities
Average CGAS score at diagnosis: 54.5 (SD 4.7)
Average CGAS score at follow-up: 73.8 (SD 12.3)

As for quality of life at follow-up?

Percentage of cohort (n=43)

Doing very well: 62%
Doing alright: 22%
Doing well: 19%

Average time from symptom to diagnosis is 1.2 years (SD=0.8)

Time of follow-up:

1-2 years after symptoms onset: 12%
2-3 years after symptoms onset: 56%
3 years or more after symptoms onset: 33%

Discussion:

- Symptoms overall improve in our cohort however, full resolution within 4 years was only seen in 14 % of our patients.
- Although functional symptoms improved in many, quality of life remained impaired for 76.7% (CGAS <71) and 31% were not attending full-time school.
- Further analysis is planned to describe the impact of management approaches and of time-to-diagnosis on prognosis.
- We plan to study the emergence of new or different functional symptoms prospectively.

Limitations:

- Our service is not an FND service, therefore support for patients post-diagnosis is limited to psychoeducation and referral on to relevant services. This may have had an impact on the findings.
- The nature of data collection (interview of parents) may have led to bias (response, observer, interviewer). Similarly, retrospective CGAS scores may be subject to recall bias.

References:
