Clinical characteristics of youth with chronic tics experiencing tic exacerbations

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BACKGROUND

- Tics tend to wax and wane in severity over time and may sometimes rise to clinically significant exacerbations.
- Several internal and external factors may trigger worsening of tic severity, including stress and anxiety.
- Less is known about individual differences between those experiencing tic exacerbations and those without.

RESEARCH QUESTION

“Do children and adolescents who experience tic exacerbations differ in clinical characteristics from those without?”

Hypothesis: they may have a more severe symptom profile, be younger in age and age of tic onset.

METHODS

- Data from the longitudinal European Multicentre Tics in Children Study (EMTICS)
- Tic exacerbations defined as discrete ‘events’, i.e. a rise in 6 points on the Yale-Global Tic Severity Scale (total tic score)
- comparison of youth with and without tic exacerbations during the study (18 months), on baseline and repeated measures
- demographic and clinical predictor variables
- using t-tests or non-parametric alternatives

PARTICIPANTS

- 715 children and adolescents with a chronic tic disorder (mean age=10.7 years, range 3-17)
- 253 participants experienced one or more tic exacerbations, 456 participants did not.

PRELIMINARY RESULTS

Children and adolescents experiencing tic exacerbations:

- were younger at baseline (M=10.12 vs 10.95, z=-4.03, p<.001, η²=0.02; small effect size)
- had an earlier age of tic onset (M=5.65 vs 6.13, z=-2.32, p<.05, η²=0.01; small effect size)
- reported more stressful events (M=.91 vs .63, z=-6.00, p<.001, η²=0.05; small effect size)

We found no support for a more severe symptom profile in youth with tic exacerbations than without.

CONCLUSIONS

- Our results are in line with the assumption that stressful events in daily life may be an important triggering external factor for the worsening of tics.
- As expected, younger age and earlier age of tic onset was associated with tic exacerbations, but we did not find support for our hypothesis of a more severe symptom profile.