The Premonitory Urge

The feeling before a tic - understanding the build-up, the release and what can help

For many people with Tourette syndrome or another tic disorder, a tic does not always arrive without warning. There can be a sensation beforehand - often called a premonitory urge or tic signal. It may feel like pressure, tension, an itch, a tickle, a burning or electrical sensation, a feeling that something is not quite right, or simply a strong internal need to move or make a sound. The experience is individual: not everybody notices an urge, and people who do may describe it very differently.

What does an urge feel like?

There is no single sensation that defines a premonitory urge. Tourette's Action describes people comparing it with the need to itch or sneeze, or with burning or electrical feelings inside. Some people can identify exactly where the sensation sits in their body; others experience a more general build-up. The urge can be physical, sensory or difficult to put into words. It can also vary between different tics in the same person.

The urge is real even though another person cannot see it.

The build-up and the release

A tic can temporarily reduce the uncomfortable sensation that comes before it. This is why someone may describe a feeling of relief after ticcing. For some people, one tic is enough; for others, a movement or sound may need to be repeated until it feels 'right' or the sensation reduces. Relief does not mean that the person enjoys having tics. It describes the change in internal tension or discomfort after the tic occurs.

Not everyone notices an urge

Premonitory urges are common, but they are not universal. Some children may tic without being able to identify or explain a warning sensation, and awareness can develop over time. Adults can also have tics for which there is little or no clear warning. Support should never depend on somebody being able to describe an urge perfectly.

Suppression can make the urge stronger

Some people can temporarily suppress or delay a tic. Tourette's Action uses the comparison of trying not to blink: it may be possible for a while, but the urge can become increasingly difficult to ignore. Suppression can take concentration and energy, and the premonitory sensation may intensify. This helps explain why someone may appear to tic less in one environment and then experience more tics later when they feel safe enough to release them.

At school, work and in public

A person may be concentrating not only on the lesson, meeting or conversation but also on managing a strong internal sensation. If they are suppressing tics, part of their attention may be directed towards resisting the urge. This can be tiring and can affect concentration. A supportive environment gives permission for movement, sounds, short breaks or a quieter space without embarrassment or punishment.

What can supporters do?

Avoid repeatedly asking whether a tic is about to happen or drawing attention to every movement. Ask what the person finds helpful. They may want others to ignore the tic, give them space, allow a pause, change a task, or simply continue the conversation normally. If they describe an urge, believe them even though you cannot observe it.

When the urge itself is distressing

Sometimes the sensation before a tic is more uncomfortable than the tic itself. If urges or tics are causing significant pain, distress, injury, social difficulties, or interference with school, work, sleep or daily life, a GP or appropriate specialist can help discuss assessment and treatment options. NHS guidance says treatment is not always needed,

but behavioural therapies may be recommended when tics are affecting everyday activities.

Behavioural therapy and awareness

Some evidence-based behavioural approaches deliberately work with awareness of the urge. Habit reversal therapy can help a person notice the tic and preceding sensations and learn a competing response. Comprehensive Behavioural Intervention for Tics (CBiT) combines behavioural techniques, while Exposure and Response Prevention (ERP) works on tolerating the urge while delaying or preventing the tic. These approaches should be taught appropriately and are not the same as telling someone simply to 'stop' ticcing.

Therapy should be about giving a person skills and choice - not making them suppress tics to make other people more comfortable.

A simple check-in

If the person wants to explore their own pattern, they might gently notice: Where do I feel the urge? What does it feel like? Does it build quickly or gradually? Which tic usually follows? What happens to the sensation afterwards? Are there situations where the urge feels stronger? This is observation, not a demand to control the tic. If tracking increases anxiety or makes tics more intrusive, it is reasonable to stop.

Helpful responses

Instead of...	Try...
“Just hold it in.”	“You do not need to suppress your tics for me.”
“Why can't you stop?”	“What does the urge feel like for you?”
“You weren't doing that earlier.”	“I understand tics and urges can change.”
“Try harder to control it.”	“Would space, a break or carrying on normally help?”

A message

There can be a whole experience happening inside your body before anybody else sees or hears a tic. You do not have to prove that sensation for it to matter. You deserve people around you who understand that holding a tic back can take effort, that relief after a tic is not the same as choosing it, and that your needs may change from one moment to another. Understanding the urge can be useful; acceptance matters just as much.

UK information and support

NHS information on Tourette syndrome and tics explains symptoms, when to seek help and treatment options. Tourette's Action provides UK information and support, including resources about symptoms, premonitory urges, education and behavioural therapy.

Sources

NHS: Tourette syndrome; Tics; Tics - Treatment (accessed September 2026). Tourette's Action: Symptoms of TS; Behaviour therapies in TS; Behavioural Therapy Options for Tourette Syndrome (accessed September 2026). This resource is for information and support and is not a substitute for individual medical assessment or treatment.