Tourette Syndrome & Sensory Overload

When the environment becomes too much

Sensory overload happens when the brain and nervous system are dealing with more sensory information than a person can comfortably process. Noise, lighting, movement, crowds, touch, smells, temperature and several demands happening at once can all contribute. For somebody with Tourette syndrome, this additional load may sit alongside tics, premonitory urges, anxiety and the effort of concentrating or suppressing. The result can be exhaustion, distress or an increase in tics for some people.

Sensory overload is not 'bad behaviour'

A person who suddenly needs to leave, covers their ears, becomes irritable, stops speaking, moves more, tics more or cannot continue with a task may be overloaded rather than deliberately difficult. Behaviour tells us something about what the person is experiencing. Responding with punishment, confrontation or additional demands can make an already overloaded nervous system work even harder.

When the environment is too much, reducing the load can be more useful than asking the person to tolerate more.

Noise and competing sounds

Busy classrooms, offices, shopping centres, cafés, public transport and family gatherings can contain several layers of sound at once. Some people find unpredictable or repetitive noises particularly difficult. Ear defenders, noise-reducing headphones, quieter seating or access to a lower-noise space may help where appropriate and safe.

Bright light and visual load

Fluorescent lighting, glare, screens, rapidly changing images, crowded walls and constant movement can create visual strain. Options might include softer lighting, screen adjustments, sunglasses or tinted lenses where appropriate, a less visually busy workspace or simply stepping outside for a short period.

Touch, clothing and physical sensations

Unexpected touch, crowded spaces, clothing seams, temperature, sweat or certain textures can become increasingly difficult when somebody is already overloaded. Ask before touching. Where possible, give the person enough physical space and allow clothing or sensory adjustments that help them remain comfortable.

Smell and taste

Perfume, cleaning products, food smells and other strong scents can be difficult for some people. The effect may be underestimated because other people barely notice the smell. Moving away from the source, improving ventilation or reducing fragranced products can sometimes make a significant difference.

How overload may affect tics

There is no single response. Some people notice more frequent or intense tics when sensory demand rises. Others may suppress because they already feel highly visible, using even more energy. A change in tics does not prove sensory overload is the cause, but looking at the environment can reveal pressures that are otherwise easy to miss.

Early signs

Early signs might include becoming quieter, more restless, rubbing the face or ears, withdrawing from conversation, struggling to follow instructions, increased irritability, more obvious tics, repeated requests to leave or difficulty making decisions. The person's own signs should guide their support plan; not everybody shows overload in the same way.

Reduce rather than interrogate

During overload, lengthy questions can become another source of input. Use short language and offer simple choices: 'Quieter place or stay here?' 'Headphones or no headphones?' 'Would you like me nearby?' Give time for

the person to process the question and do not demand an immediate explanation.

A sensory break is not a punishment

Leaving a demanding environment can be a legitimate regulation strategy. A break should not automatically mean exclusion from the activity. The aim is to allow the nervous system to recover enough for the person to return if and when they can.

At school

Useful adjustments may include a quieter arrival, permission to leave busy corridors early, access to a calm space, headphones where appropriate, reduced visual clutter, flexible seating and advance warning of noisy activities. Staff should avoid making the child earn sensory support by first reaching crisis point.

At work

Open-plan offices, telephones, meetings, lighting and constant interruptions can increase sensory load. Adjustments might include a quieter desk, remote or hybrid working where appropriate, protected focus time, flexible breaks, headphones where safe, or changes to lighting. Individual needs should be discussed rather than assumed.

Public places and travel

Planning can reduce uncertainty: identify quieter times, exits, seating, toilets and places to recover. Carrying familiar sensory aids can help, but the person should not be expected to tolerate every environment simply because support equipment is available.

A quick sensory check-in

Sense / demand	What might help?
Sound	Lower noise, headphones, quieter space, fewer voices
Light / visual	Dimmer lighting, less clutter, screen adjustment, step outside
Touch / space	More personal space, ask before touching, comfortable clothing
Smell	Move away, ventilation, reduce strong fragrances
Too many demands	One instruction at a time, pause, reduce decisions

Recovery after overload

Once the person reaches a calmer environment, recovery may not be immediate. They may need quiet, reduced conversation, movement, food or drink, rest, familiar sensory input or time alone. Avoid immediately asking them to analyse what happened. Reflection is often easier later, when the nervous system has settled.

A message

If the world sometimes feels louder, brighter, busier or closer than other people seem to experience it, your need for a break is real. You do not have to wait until you are completely overwhelmed before reducing the sensory load. Support can mean changing the environment rather than expecting you to keep changing yourself.

UK information and support

Tourette's Action provides UK information and resources about Tourette syndrome. NHS information covers Tourette syndrome and tics. Where sensory difficulties significantly affect daily life, discuss them with an appropriate healthcare, occupational therapy or education professional depending on the person's needs.

Sources

NHS: Tourette syndrome; Tics (accessed September 2026). Tourette's Action: Tourette syndrome information and support resources (accessed September 2026). This resource is general information and does not replace individual medical, occupational therapy or educational assessment.