ESSTS

Comorbidities & Complex Cases in TS

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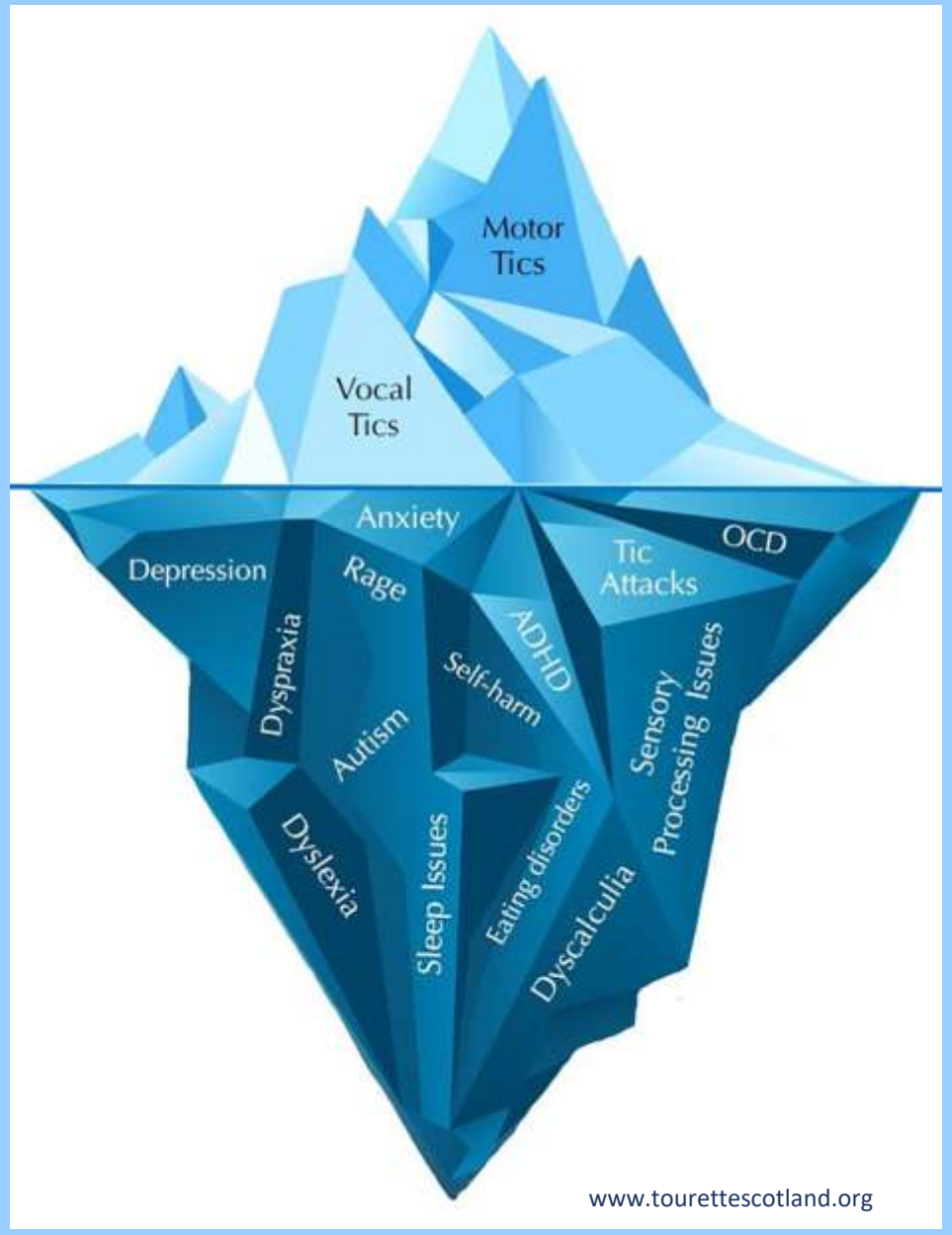
INTRODUCTION

- Co-occurring conditions are **the rule rather than the exception** in tic disorders
  - 85% meet criteria for at least one comorbidity
  - >50% have multiple comorbidities

- **Q. What are the most common?**
  - ADHD
  - OCD
  - Other Anxiety Disorders
  - Disruptive Behaviour (Episodic 'Rage')
  - Autism/ASD
  - Specific Learning Difficulties
  - Mood Difficulties/Depression

Hirschtritt et al., 2015

- Often associated with greater functional impairment and distress than tics themselves (Bernard et al., 2009)


Motor Tics
Vocal Tics
Anxiety
Depression
Rage
OCD
Tic Attacks
Dyspraxia
ADHD
Self-harm
Autism
Sensory Processing Issues
Dyslexia
Sleep Issues
Eating disorders
Dyscalculia
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A Complex Genetic Relationship

- Hirschritt et al (2018) examined symptom patterns and heritability of OCD and ADHD in TS families (*N* = 3494)

- **Exploratory Factor Analysis**
  - **Strong associations between TS and ADHD** factors (inattentiveness & hyperactivity/impulsivity).
  - **Some OCD symptoms were associated with TS**: symmetry/exactness, fear-of-harm, aggressive urges. Others were not (e.g. contamination & hoarding)

= Complex and highly overlapping symptom profiles in TS, OCD, and ADHD

= Underlying vulnerability (e.g. failure of top-down cognitive control) common to all three disorders?

Hirschtritt, M., Darrow, S., Illmann, C., Osiecki, L., Grados, M., Sandor, P., . . . Mathews, C. (2018). Genetic and phenotypic overlap of specific obsessive-compulsive and attention-deficit/hyperactive subtypes with Tourette syndrome. *Psychological Medicine, 48*(2), 279-293. doi:10.1017/S0033291717001672

Addressing Comorbidity & Complexity in Treatment

- Evidence that psychoeducation & behavioural therapies (HRT/CBIT & ERP) are **effective, first line treatments** for tic disorders (Andren et al., 2021).

- However…

  - ☹ Few studies looking at the impact of comorbidity or complexity on treatment, *despite comorbid conditions being the norm*
    - ASD an exclusion criteria in most large-scale trials to date

  - ☹ Co-occurring conditions may **moderate treatment effects**, particularly **ADHD** (McGuire et al.,2014) and **anxiety** (Sukhodolsky et al., 2017)

Addressing Comorbidity & Complexity in Treatment

What we need….

Trials of existing treatments including ‘complex’ & representative cases (e.g. ORBIT)

Research into adapted treatments for specific disorders and groups (cf. CBIT-JR)

Inclusion of BT for tics in transdiagnostic & Modular Treatment Approaches

Until then, learning from:

- *Available evidence*
- *Experience from clinical practice*
- *Behavioral theory*

Some General Principles

- **Thorough assessment**
  - Semi-structured diagnostic clinical interview (e.g. K-SADS-PL DSM V)
  - Disorder specific screenings (e.g. Conors 3;Y-BOCS II/CY-BOCS)
  - Consider cognitive/neuropsychological assessment for specific impairments

- **Address most impairing symptoms first**
  - NB. Tics may be referring problem, but ADHD/Anxiety may interfere with BT if not addressed

- **Person-centred psychoeducation**, including impact of comorbidities and interaction with tics
  - Clear dialogue with patients/families about treatment ordering & rational (e.g. treating anxiety first)
  - Manage expectations: BT will not eliminate tics completely, or be a universal solution to wider difficulties

Some General Principles

- **Engage family and wider network** (parents, teachers, carers as coaches)
- **Effective and personalized reward systems** may be particularly important for YP with neurodevelopmental difficulties
- **Measure therapeutic gains** not just in terms of tic severity (e.g. YGTSS), but also functional gains, goal-based outcomes and quality of life (GTS-QOL)
- **Give BT a go!**
  - Tics *can* be a burden to those with more complex needs and BT for tics can really help
  - Clinicians may be inclined to see tics as "just" a feature of ASD or other neurodevelopmental conditions, or have limited knowledge of BTs for tics
  - **Review progress early in treatment & regularly, and adjustment for specific needs**