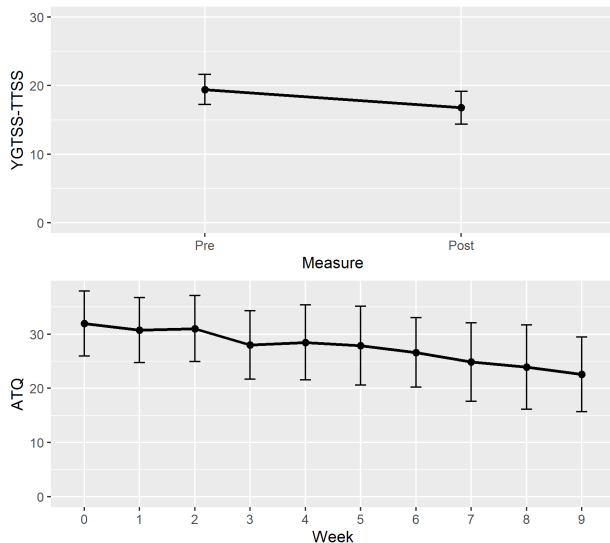


# Internet-based behaviour therapy for adults with Tourette Syndrome/Chronic Tic Disorder (TICNET): a pilot trial

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## Ticstimer (ERP) – a feasible intervention

Clearly understood, accepted and used creatively by both patients and therapists.

## Good patient adherence

ERP-focused modules completed by the vast majority of participants

## Symptom change

- Small reduction in YGTSS-TTSS (non-significant)
- Medium symptom reduction when self-rated and when life impairment is taken into account (statistically significant)

## Main challenges

- Defining and measuring clinically meaningful tics reduction
- A possibility to register tics in one's phone while practicing is needed

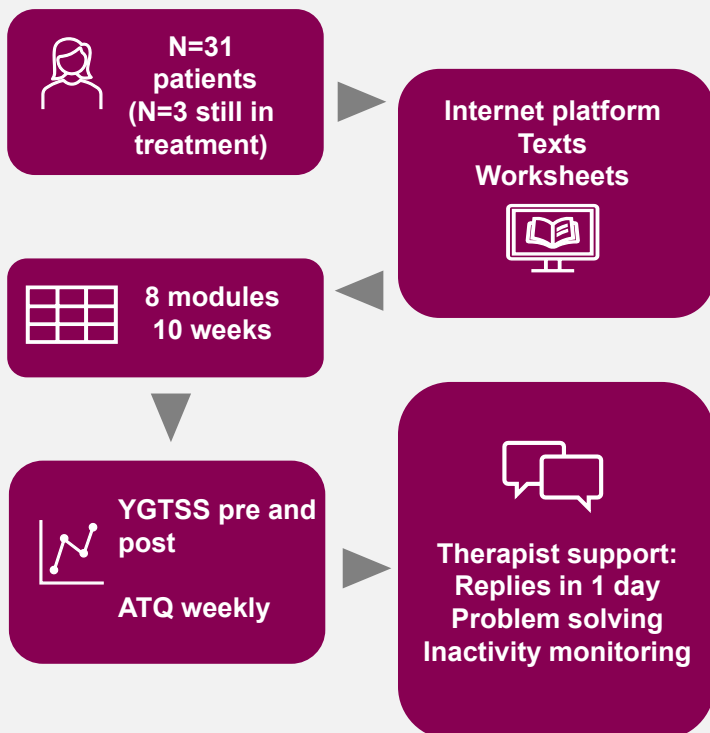
Figure to the left: YGTSS-TTSS – Yale Global Tic Severity Scale – Total Tic Severity Scale; ATQ – Adult Tic Questionnaire; 95% CI.

## Aim

**To preliminary evaluate a novel treatment**

- Exposure with response prevention (ERP)
- Internet-based
- Therapist-guided

## Method



## The Ticstimer

- ⌚ **Expose** oneself to situations where tics occur
- ⌚ Practice **resisting** tics with **increased** duration
- ⌚ Expose oneself to **more challenging situations**

## Findings (N=28)

**Reach**  
Out of N=77 screened  
N=46 excluded. 56% no confirmed tics disorder

**Adherence**  
N=15 out of 28 completed all 8 modules. N=6.75 modules completed on average.

**YGTS Tic Severity**  
Cohen's  $d = 0.44$   
**YGTS Total**  
Cohen's  $d = 0.70^*$

**ATQ**  
Cohen's  $d = 0.56^{**}$   
**GTS Quality of Life**  
Cohen's  $d = 0.37$

96.4% would recommend the treatment. 82.1% were explicitly positive towards their treatment.

The participants gained awareness about the function of tics, learned how to identify urges and interrupt tics.

Better understanding of the disorder and less shame.

The treatment will be refined based on the results of the current trial. Further evaluation is being planned.

