Therapist-guided exposure and response prevention treatment for adults with TS/CTD delivered via internet: a pilot trial.

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Background:
Tourette syndrome (TS) and Chronic Motor or Vocal Tic Disorder (CTD) are childhood-onset disorders, but many continue to experience impairing tics into adulthood. TS/CTD are associated with reduced quality of life, lower educational attainment, and an increased risk for cardiovascular and metabolic disorders. Effective interventions are crucial to prevent undesirable health outcomes in these patients. Behavior therapy (BT) has shown effects in reducing tic severity both short- and long-term and is recommended as a first-line treatment by expert guidelines in Europe and North America. However, access to BT in regular care is extremely scarce and many patients seeking help only receive pharmacological treatment, known for its side effects. Meanwhile, therapist-guided internet-delivered treatments have shown comparable effects to traditional face-to-face treatments for several disorders. The aim of the study was to determine if internet-delivered guided BT (I-BT) based on exposure and response prevention (ERP) is a feasible, acceptable, safe, and preliminary efficacious treatment for adults with TS/CTD in an uncontrolled pilot trial.

Methods:
A total of 30 participants have been recruited from the general public between April 2021 and Mars 2022. The participants needed to be 18 years of age or older, fulfil diagnostic criteria for TS/CTD according to DSM-5 and have Total Tic Severity Score (TTSS) of >15 (>10 for individuals with motor or vocal tics only) measured with Yale Global Tic Severity Scale (YGTSS), that also served as primary outcome measure. Upon inclusion in the study, participants received 10 weeks of therapist-guided I-BT delivered by clinical psychologists at a psychiatric clinic specializing on OCD and related disorders. The treatment is based on ERP - the patients are encouraged to expose themselves to tic-triggering situations and practice resisting tics – also including functional analyses, habit reversal training and relapse prevention. The therapists give support in applying the treatment techniques, help the patients to problem-solve and as a rule reply to the patients' messages within 24 hours. Apart from tic severity, other psychiatric symptoms and quality of life are measured. The measurements are collected at pre- and post-treatment, as well as 3, 6, and 12 months after the treatment's end.

Results and Conclusions:
Twenty-eight participants will have completed their treatment by June 2022. The results on the treatment's reach, feasibility, acceptability, safety and preliminary efficacy will be presented.