Correlation of comorbidities and variability of tics in children with Tourette syndrome and chronic tic disorder

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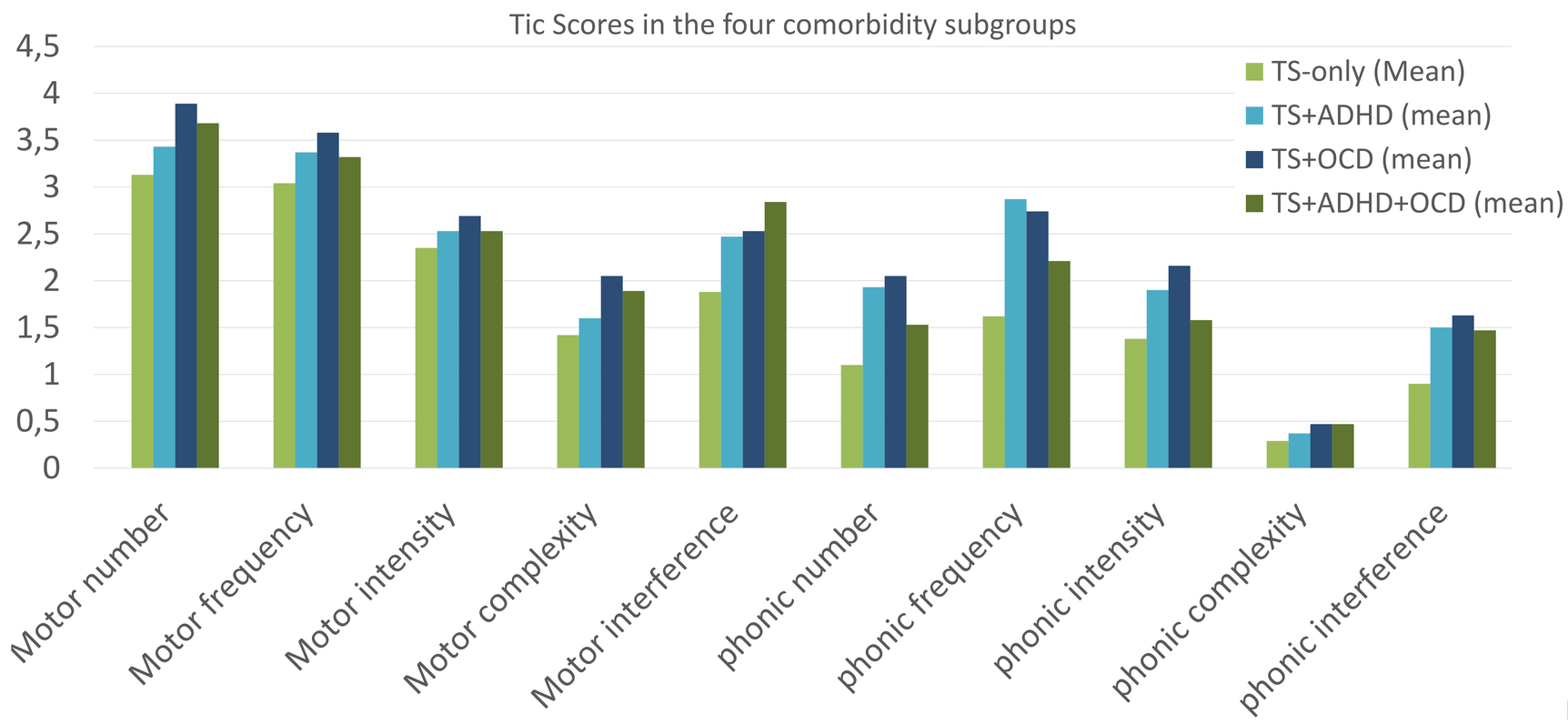
To the best of our knowledge, this is the first study to show statistically significantly higher simple phonic tic scores in the CTD+OCD group compared to patients without comorbidities.

Tic scores, severity of tics and impairment were found to be significantly different among the four comorbidity subgroups, with higher scores associated with comorbidities.

Professionals should be aware of the variability of tics in TS and CTD patients with comorbidities.



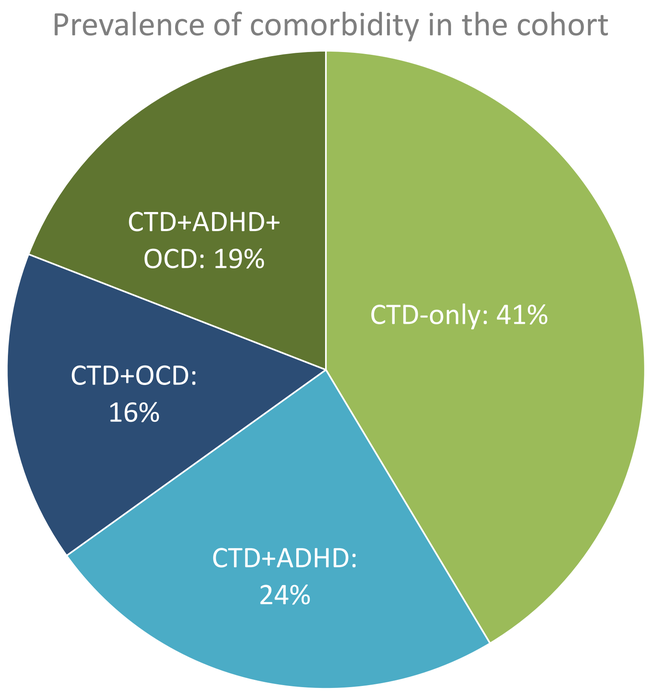
Methods

A cross-sectional study was completed on a clinical cohort of 167 children and adolescents recruited from the Danish National Tourette Clinic.

Participants were examined with Yale Global Tic Severity Scale (YGTSS).

Comorbidity was assessed with validated diagnostic instruments in 152 patients.

Participants were divided into four comorbidity subgroups: CTD-only, CTD+ADHD, CTD+OCD and CTD+ADHD+OCD.



Background

Chronic tic disorder (CTD) is a chronic neurodevelopmental disorder with onset in childhood. The disorder is characterized by the presence of motor and/or phonic tics, and are often accompanied by comorbidities, where obsessive compulsive disorder (OCD) and attention deficit hyperactivity disorder (ADHD) are the most predominant. The aim of this study was to investigate if a correlation between comorbidities and variability of tics exists in children with CTD. Furthermore, the correlation between comorbidities and severity of tics was examined.

Results

Presence of the examined comorbidities was statistically significantly associated with higher severity, impairment and total tic scores compared to patients with absence of comorbidities (p value = <0.001, 0.001, 0.003, respectively).

There were statistically significantly higher simple phonic tic scores in the CTD+OCD group compared to the CTD-only group (p value = 0.003).

Jensen I, Andersen K, Skov L, Munck S, and Debes NM

Herlev Hospital

KØBENHAVNS UNIVERSITET