

The Role of Socioeconomic Status and Family Structure in Disease Severity Among Danish Children with Tics

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Introduction

Socioeconomic factors, such as socioeconomic status (SES) and family structure, are well-established determinants of pediatric health outcomes, but their associations with disease severity in children experiencing tics remain unclear. This study examined SES and parental cohabitation status in children with tics, as well as the influence of these factors on disease severity.



Methods

- **Design** Cross-sectional study
- **Sample** Newly referred patients in 2022 at the Danish National Tourette Clinic, and from patients included in the project *RAPITO*, all aged ≤ 18 years.
- **Measures**
 - Tic severity: Yale Global Tic Severity Scale (YGTSS)
 - SES: European Socio-economic Classification (ESeC)
 - Family structure: Parental cohabitation status
- **Statistics** Covariance analysis (ANCOVA)

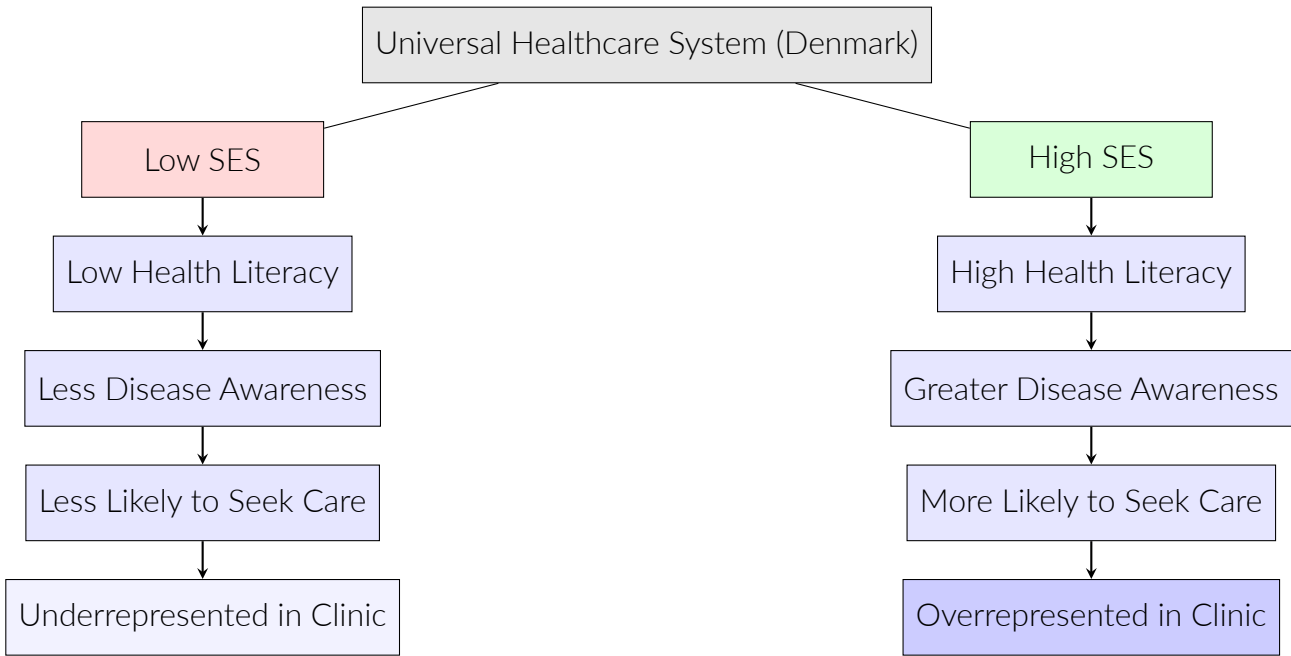
Results

- **Sample size** 118 children (Acute onset tics = 26, Non-acute onset tics = 92).
- **SES distribution** The cohort predominantly comprised children from high-SES families. No statistically significant differences were observed between the subgroups 'Acute onset tics' and 'Non-acute onset tics'.
- **Disease severity** Neither SES nor parental cohabitation showed significant associations with tic severity.

Disease Severity

Table 1 Association Between Tic Severity and SES						
SES	Motor tic severity (mean)	Vocal tic severity (mean)	Total tic severity (mean)	Total impairment (mean)	Total YGTSS (mean)	P
Salariat	13.2	7.9	21.0	15.1	35.9	0.540
Intermediate	13.1	6.9	20.0	17.9	37.9	
Working class and unemployed	11.5	6.7	17.9	14.0	32.2	
ANCOVA was used to compare Total YGTSS across SES groups, adjusted for age, sex and parental cohabitation status. No statistically significant associations were observed for any of the other YGTSS sub-scores across SES groups and parental cohabitation. YGTSS Yale Global Tic Severity Scale, SES socioeconomic status						

Health Literacy and Health-Seeking Behavior in a Universal Healthcare System



Conclusions

Children with tics were predominantly from high-SES families, reflecting possible disparities in health literacy and parental health-seeking behaviors. However, SES and family structure were not significantly associated with disease severity.

SES Distribution

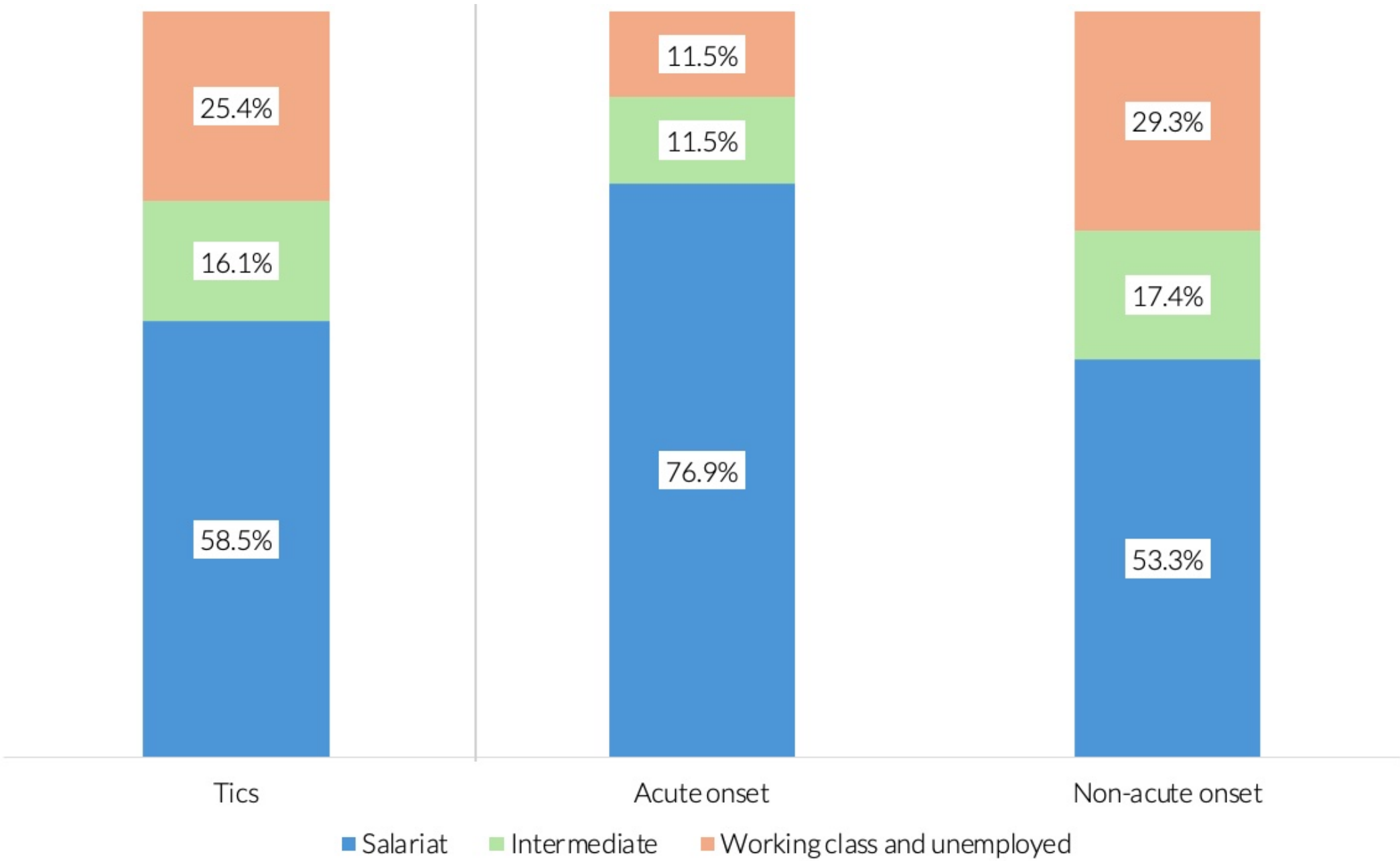


Figure 1. Socioeconomic class distribution across all tic patients ($n = 118$), and across tic subgroups 'Acute onset tics' ($n = 26$), 'Non-acute onset tics' ($n = 92$).