



Service Priorities and Programmes
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Behavioral Treatment and Empowerment of Patients and their Carers with Tourette Syndrome

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Introduction

Tics are sudden, involuntary and repetitive muscle movements which could be categorized into simple motor tics, complex motor tics, simple vocal tics and complex vocal tics. Tourette Syndrome (TS) is a hereditary neurodevelopmental disorder which affected 6 in 1000 school-age children. The onset is mostly at age 6. Motor and vocal tics may last for more than 1 year. The chronic distressing symptoms and stigmatization not only impaired their daily functioning, but also caused psychological distress. Besides medication, behavioral training and psychoeducation should be provided to parents, children and teachers in order to enhance their understanding about the symptomatology of Tourette Syndrome and empower them to have better management of their symptoms.

Objectives

We aim to enhance patient's competence level in symptoms management and reduce stigmatization in the community and school level.

Methodology

Habit Reversal Training (HRT) intervention consisted of four sessions, including 1 session of psychoeducational talk and 3 sessions of parent-child training based on habit reversal behavioral approach. This intervention aimed to reduce the severity of tics by enhancing self-awareness of pre-motory urge with training on competing response. Severity of tics was measured by Yale Global Tics Severity Scale (YGTSS) and level of awareness of premonitory urge was measured by Premonitory Urge for Tics Scale (PUTS). In addition, two school educational talks from patients' schools were conducted to enhance teachers' understanding and acceptance towards TS, so that they can educate other school personnel and students on TS and help patient to boost his self-esteem in his recovery journey. Pamphlet with TS identity card was designed to improve public awareness, diminish stigmatization and enhance integration of patients with TS in the community.

Result

10 patients and caregivers had completed the HRT approach intervention. Comparing

the pre-and-post treatment YGTSS and PUTS scores, there was a decrease in the severity of symptoms by 22.4% and an improvement in the awareness of premonitory urge by 7.7%. For school educational talks, a total of 56 teachers attended. 100% teachers reported knowledge enhancement and 73.2% teachers had improvement on the competency in handling symptoms of TS in classroom. Conclusion: This project demonstrated positive effects of HRT in reducing symptom severity and psychoeducation improved understanding of Tourette Syndrome in the community and school.