

Tourette Syndrome and Tics Disorder Clinic

Background

Tics are sudden, involuntary and repetitive muscle movements. It could be categorized into simple motor tics, complex motor tics, simple vocal tics and complex vocal tics. While for Tourette Syndrome, it is a hereditary neurological disorder. The affected patients will have both motor and vocal tics lasting for more than 1 year. The onset is usually in childhood and genetic factor is a major known cause of Tourette Syndrome. Its clinical presentation is associated with high dopamine level, which leads to abnormal activity in the neuronal circuit connecting the frontal lobe and basal ganglia. Tics may impair patient's daily functioning and cause psychological distress. Examples of different types of tics may include

- Simple motor tics: eye blinking, eye movements, facial grimacing, nose twitching, mouth movements, head jerks and turns, shoulder shrugging
- Complex motor tics: slower and seemingly more purposeful movements, facial gestures, self-biting, hand gestures and prolonged gyrating
- Simple vocal tics: throat cleaning coughing, sniffing, spitting, grunting, sucking
- Complex vocal tics: apparently more "meaningful" syllables, phrases and words; echolalia, coprolalia

Tourette syndrome ID Card

I have Tourette syndrome - a medical problem.
It makes me produce annoying sound, twitch and say what I don't want to say.
I can't stop doing that just like you can't stop sneezing or coughing. I am very sorry that it disturbs you - in fact it disturbs me even more.

For more information please seek advice from:
Child and Adolescent Psychiatry Team,
Queen Mary Hospital
Tel: 2255 3111 / 2255 3106



Reference: Tourette syndrome ID Card (2015),
Tai Wan Tourette syndrome Association

Sources of referral

Tourette Syndrome clinic is established to provide specialized service for patients with Tourette Syndrome. We accept referrals from Child Assessment Centre of Department of Health, general practitioners, doctors of Hospital Authority and General Out-Patient Clinics, professionals from Education Bureau, schools and social workers.

Scope of Services

Medical Consultation

Patients and their relatives will be seen by a child psychiatrist for initial history taking and clinical assessment to identify diagnoses and problem areas. A comprehensive treatment plan will be formulated for each individual patient. Medical followups will be arranged on a regular basis to monitor progress of the individual.

Day Hospital

For selected cases, where further observation and assessment are deemed necessary, assessment sessions will be arranged at our day hospital. A multidisciplinary team, including psychiatric nurses, occupational therapists, speech therapists, Red Cross School teachers, clinical psychologist and medical social worker will be involved in the assessment. A meeting will be held after completion of the assessment to summarize the findings, develop a case formulation and derive future treatment plan for the patient. Feedback session will be provided to parents to communicate the result of the assessment.

Tourette Syndrome Workshop

Tourette Syndrome workshop will be held regularly in our Day Hospital. It aims to reduce stigmatization, and to equip patients with skills to manage their own symptoms. It consists of a psycho-educational talk and three sessions of parent-child training on habit reversal approach.

Nurse Clinic

Our child psychiatric nurses will provide 3 sessions of individual training to patients and their carers on the management of Tourette Syndrome. It will include premonitory urge awareness training and competing response training. In addition, nurse clinic will also provide counseling and psycho-educational services for the patients, caregivers, schools and community.

MythBuster

- 1 **"Tourette Syndrome only occurs in childhood and it would disappear gradually. Therefore, we need not be concerned about it"**
Around 30%-40% of the patients would experience symptom remission as they grow up. However, around 30% of them would have symptoms persist into adulthood.
- 2 **"Tourette Syndrome is contagious. We should keep distance from those with it"**
Tourette Syndrome is not an infectious disease. It won't spread via any kind of contact. Patients with Tourette's Syndrome shouldn't be isolated.
- 3 **"Tics and epilepsy are the same thing."**
Tics and epilepsy are two different neurological disorders. Epilepsy is caused by sudden abnormal electrical activities in the brain. It may lead to loss of consciousness or impair the conscious level. Whereas for tics, only particular muscle groups are affected and the patients' consciousness is maintained. Moreover, their treatment and prognosis are also different.
- 4 **"Kids with Tourette Syndrome just deliberately produce the sounds and make the moves for fun."**
Tics are involuntary movements. Although the affected ones maybe able to suppress tics for a short while but it usually followed by a subsequent surge. Children with Tourette Syndrome shouldn't be blamed for the symptoms that they suffered from.
- 5 **"Tourette Syndrome could not be cured by medications."**
Medications such as dopamine antagonists help to relieve the symptoms by 50%-60%.

For patients with Tourette Syndrome

- If you encounter bullies, please remember
 1. To keep calm
 2. To talk to your parents
 3. You have the right to be safe, and being bullied is not your fault
- Please do advocate for yourselves:
 1. "Tourette syndrome could not stop me from what I want to do!"
 2. "I could lead a normal life even with Tourette Syndrome."
 3. "I have Tourette syndrome, but I have my own mastery."

Information provided by Department of Psychiatry,
Queen Mary Hospital




瑪麗醫院
Queen Mary Hospital

兒童及青少年精神科服務
DEPARTMENT OF PSYCHIATRY
CHILD AND ADOLESCENT
PSYCHIATRIC SERVICE



妥瑞症及抽動症診所
Tourette Syndrome and Tics Disorder Clinic

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妥瑞症及抽動症診所

妥瑞症簡介

抽動症是不隨意的、重複的及突然的肌肉抽動。當中可以分為簡單型運動抽動，複雜型運動抽動，簡單型語聲抽動，複雜型語聲抽動。至於妥瑞症，這是一種遺傳性神經疾病。患者會同時出現動作及聲語的抽動，並持續一年以上。基因是導致妥瑞症的主要成因，患者一般於年幼時就會出現病癥。這些病癥是由於患者腦部的多巴胺過度活躍，以致其前額葉與基底核之間的神經迴路發生問題。抽動不單對患者的日常生活帶來不同程度的影響，而且可以引來情緒困擾，所以這是一個需要正視的問題。抽動症可以有不同的表癥，比較常見的例子有：

- 簡單型運動抽動：眨眼、眼部動作、噁臉、鼻子顫動、口部動作、搖頭晃腦、聳肩
- 複雜型運動抽動：比較緩慢和彷彿有意思的面部表情、咬自己、做手勢、長時間旋轉身體
- 簡單型語聲抽動：清喉嚨、咳嗽、嗤鼻聲、吐口水、咕嚕聲、吸吮聲
- 複雜型語聲抽動：彷彿較有“意義”的言辭，如音節、字詞、片語、句子、模仿言語、穢語

轉介方法

本診所致力提供服務予妥瑞症患者，我們接受來自衛生署兒童體能智力測試中心、私營診所醫生、醫院管理局及普通科門診醫生、教育局及學校的轉介個案。

服務範圍

醫生面診

兒童及青少年精神科醫生會會見病人及家人，瞭解病歷及作出臨床評估和診斷。然後，擬定個人化而且全面的治療計劃。醫生亦會安排定期覆診及觀察治療進度。

日間醫院

如個案經醫生評估後認為需要進一步觀察評估，個案會被轉介到日間醫院，並由多專業團隊（包括精神科護士，職業治療師，言語治療師，紅十字會學校老師，臨床心理學家及醫務社工）進行深入評估。評估完成後便進行會議，總結評估結果及制定日後的治療方針。接著，主診醫生會安排與家人面談解釋作為總結。

妥瑞症工作坊

日間醫院會定期組織妥瑞症工作坊。它的目標是減輕社會對妥瑞症的標籤，並改善妥瑞症病人對抽動症狀的處理。我們會鼓勵家長孩子一起參與工作坊，當中包括一節教育講座，以及三節習慣反向訓練。

護士診所

精神科護士提供三節個人化的妥瑞症處理訓練給妥瑞症患者及其家屬。

該訓練包括覺察先兆衝動及肌肉對抗反應訓練。此外，護士診所亦提供輔導服務及精神健康教育講座予妥瑞症患者、照顧者、學校及社區。

坊間傳言和事實真相

1. 「妥瑞症發生在小孩身上，而且隨著患者年齡漸長而慢慢消失，因此我們毋須理會。」
大約 30%-40% 的病人長大後症狀會消失，但仍有 30% 病人症狀會持續到成人階段。
2. 「妥瑞症會傳染，我們不應該與妥瑞症的小朋友玩。」
妥瑞症並非傳染病，並不具有傳染性。所以，妥瑞症患者不應被孤立。
3. 「抽動即癲癇。」
抽動與癲癇乃兩種不同的腦神經疾病。癲癇源於腦部電波活動異常，且有機會引致昏迷或影響意識程度。至於抽動症病人一般只是個別肌肉受影響，病人的意識會保持清醒。另外，兩者的治療方式及預後發展亦大相逕庭。
4. 「妥瑞症的小孩純粹因為搗蛋而發出怪聲及擠眉弄眼。」
抽動症是不隨意的，雖然患者可以短暫抑壓抽動，但後續會更激烈地抽動。因此家長不應責怪孩子，宜應理解其病患。
5. 「妥瑞症無法用藥物治療。」
多巴胺拮抗劑可以緩解約 50%~60% 症狀。

對妥瑞症患者的話

如果遇到欺負你的人：

1. 請保持冷靜
2. 向父母傾訴
3. 並記著你擁育安全的權利，被欺負並不是你的錯

為自己發聲：

1. 「我不要讓妥瑞症阻止我想做的事！」
2. 「即使有妥瑞症，我仍很正常。」
3. 「我有妥瑞症，但妥瑞症並不能控制我。」

以上資料由瑪麗醫院精神科提供

妥瑞症身分證

我點解會咁？
呢樣嘢我控制唔到，我有妥瑞症（係一種病）。呢種病會令我失驚無神發出聲音嘈住人，個身有時又會不受控咁抽動。我真係忍唔到，就好似你哋都控制唔到打乞嚏或者咳一樣。成日騷擾到你地，真係好對唔住，但其實我亦深受呢個病既影響。

進一步了解，請聯絡：
瑪麗醫院 兒童及青少年精神科
電話：2255 3111 / 2255 3106

參考：妥瑞症身份證 (2015)。台灣妥瑞症協會

