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| Clinical Guideline **TICs/Tourettes in PaediAtric patients** | |
| **SETTING** | Trust-wide |
| **FOR STAFF** | All Staff |
| **PATIENTS** | All patients aged <18 years (please note that general paediatrics does not see children aged 16 yrs +) |
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| **Guidance**  This is a document for all clinicians looking after children with a possible diagnosis of Tics or Tourettes.  It covers the diagnostic criteria as well as avenues of support for the child, their family and educational settings.  In the unusual circumstance of needing more specialist input then there is advice on who to refer onwards to – this is based on the child’s co-morbidities.  **Diagnosis:**  The diagnosis of Tics and Tourettes is a clinical one and there are no specialist tests needed. A complete and comprehensive history, and if possible, video evidence is usually enough to confirm the diagnosis.  The NHS website - [Tics - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tics/) and [Tics - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tics/) has a summary of useful information around the diagnosis criteria as well as reassurance for families.  If the primary care team would like further advice on confirming a diagnosis of Tics/Tourettes then this can be done via the Paediatric A&G service – [Advice & Guidance (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/children-young-people/advice-and-guidance/advice-guidance/) Videos to be sent separately to - [GenPaedSecretaries@uhbw.nhs.uk](mailto:GenPaedSecretaries@uhbw.nhs.uk)  If a clinic review is necessary, then this can be requested via the ERS system with the general paediatric team. This appointment will help to confirm/refute the diagnosis as well as signpost onwards to avenues of support.  **Treatment:**  Tics do not always need to be treated if they're mild, but treatments are available if they're severe or are interfering with everyday life.  Many tics will eventually go away or improve significantly after a few years. But, if untreated, more severe tics can cause issues such as difficulties at school or social problems.  Initial treatment is self-directed and there are some general principles that can be shared – avoid stress, anxiety and boredom. Aim for good sleep. Reassure the child and ensure that attention is not drawn to the Tics and that they aren’t told off for them. Having good dialogue with their educational setting.  Specific websites with useful advice and guidance include the following:   1. [Tourettes Action (tourettes-action.org.uk)](https://www.tourettes-action.org.uk/) 2. [Tourette syndrome | Great Ormond Street Hospital (gosh.nhs.uk)](https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/tourette-syndrome/) 3. [Tics & Tourettes - HappyMaps](https://www.happymaps.co.uk/age-group/primaryschool/primary-tics-tourettes/)   **Referral onwards:**  The treatment and management of Tics/Tourettes is based upon addressing any co-morbidities and therefore the onward referral pathway is variable.  Everyone should be supported with the above resources as a first step.  Those with ADHD (commonest co-morbidity) would be referred to the school SENCO and Community Paediatrics if required – especially those at risk of school exclusion.Further advice on referral criteria and thresholds available here: [Tics and Tourette's in children (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/children-young-people/neurology/tics-and-tourettes-in-children/)  Those with anxiety, depression, OCD, severe mental disorder should be referred to CAMHS.  These referrals can be undertaken via s Single Point of Entry Referral Form: [spe-form-june-2024.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fremedy.bnssg.icb.nhs.uk%2Fmedia%2Ffi0evp0p%2Fspe-form-june-2024.docx&wdOrigin=BROWSELINK) to be sent to [sirch.singlepointofentry@nhs.net](mailto:sirch.singlepointofentry@nhs.net)  Below is a summarising diagram of the pathway with embedded hyperlinks to resources.  Tics/Tourette Quick Assessment and Referral Guide    **Diagnosis & Assessment Criteria**  Diagnostic criteria: [https://icd.who.int/browse10/2010/en#/F95.2](https://icd.who.int/browse10/2010/en)  [Tics - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tics/)  [Tourette's syndrome - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tourettes-syndrome/)  Assessment framework: [www.ncbi.nlm.nih.gov/pmc/articles/PMC3065640/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3065640/)  **Assessment Questions to ask**  ?Confirmatory tic semiology – urge to perform, increasing with repression  Generic question (**impairment**?):  How is day to day life (apart from tics)  Happy at home/school?  How they feel about attendance?  Social relationships/friendships?  **Best outcomes come from treating comorbidities confidently and early**  Co-Morbidities to be assessed  **ADHD**  Ask about inattention, restlessness, hyperactivity, impulsivity.  Is there impairment? Getting into trouble with peers or teachers? Risk?  **Anger**  (outbursts or chronic)  ?out of proportion for their age/provocation  ?severity/impairment  ?trouble/ relationships  **Anxiety/worries**  ?specific or generalised  ?severity/ impairment  – attendance, bed wetting, not going out/seeing friends  **OCD**  Is a form of anxiety.  ?checking  ?has to be a certain way  ?compulsions  ?severity/ impairment– ?late to school, xs time in the bathroom  **Social communication**  Non-autism-diagnostic social communication difficulties frequent  **NOSI**  Non-offensive socially inappropriate – ‘he’s got a big nose!’  **Depression/Bipolar**  ?severity/ impairment - attendance, energy, friendships, appetite, sleep, self-harming, ?suicide risk  (if primarily fx of tics, ?treat them first)  **Learning difficulties**  ?Specific/global IQ  How is their learning, are they on target  **Treatment**  Support advice/guidance and leaflets to share  [www.gosh.nhs.uk/medical-information/search-medical-conditions/tourette-syndrome/tourette-syndrome-information-pack](http://www.gosh.nhs.uk/medical-information/search-medical-conditions/tourette-syndrome/tourette-syndrome-information-pack)  <https://www.tourettes-action.org.uk/>  [Tics & Tourettes - HappyMaps](https://www.happymaps.co.uk/age-group/primaryschool/primary-tics-tourettes/)  Voluntary sector support:  [www.tourettes-action.org.uk](http://www.tourettes-action.org.uk/)  **When/How to refer on:**   * General Paediatrics only to confirm diagnosis (if needed) – A&G referral or Clinic referral * Refer to SENCO/Community Paediatrics if significant/impairing comorbidity as above – ADHD most common- (or you have an incomplete assessment). Please also refer if at risk of school exclusion and they can also be signposted to SENCO/Educational Psychology support in meantime * Refer to CAMHS if concerns about OCD/anxiety/depression/severe mental disorder. In the meantime can seek support from “Off the Record”/Happymaps app   **Intervention:**   * Individualised package of care, aware of the impact of tics and comorbidity on self-esteem, identity and participation. Reassurance is key. * Initial approach primarily psychoeducation – home, school and primary care (n.b. Tourettes Action, GOSH and Happymaps websites) – Leaflet for school is key. * Information about national support organisations (TSA). * Signpost if needed to school counsellor/Off the Record; potential for evidence-based specific psychological behavioural approaches   **Appendix 1 – Evidence of Learning from Incidents**  The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.Nil documented - July 2024   |  |  | | --- | --- | | **Incidents** | **Summary of Learning** | |  |  | |  |  | |  |  | | |
| **Table A** | |
| **REFERENCES** | [Tourette's syndrome - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tourettes-syndrome/)  [Tics - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/tics/)  [Tourettes Action (tourettes-action.org.uk)](https://www.tourettes-action.org.uk/)  [Tourette syndrome | Great Ormond Street Hospital (gosh.nhs.uk)](https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/tourette-syndrome/)  [Tics & Tourettes - HappyMaps](https://www.happymaps.co.uk/age-group/primaryschool/primary-tics-tourettes/)  [ICD-10 Version:2010 (who.int)](https://icd.who.int/browse10/2010/en#/F95.2)  [Making a referral – Children and Young People’s Services (sirona-cic.org.uk)](https://sirona-cic.org.uk/children-services/resources/making-a-referral/#makingareferral)  [Tics and Tourette's in children (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/children-young-people/neurology/tics-and-tourettes-in-children/) |
| **RELATED DOCUMENTS AND PAGES** |  |
| **AUTHORISING BODY** | Paediatric Medical Governance |
| **SAFETY** |  |
| **QUERIES AND CONTACT** | Paediatric Medical Governance Group |
| **AUDIT REQUIREMNTS** |  |

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| **Plan Elements** | **Plan Details** |
| **The Dissemination Lead is:** | [Specify who will lead dissemination] |
| **Is this document: A – replacing the same titled, expired guideline, B – replacing an alternative guideline, C – a new Guideline:** |  |
| **If answer above is B: Alternative documentation this guideline will replace (if applicable):** |  |
| **This document is to be disseminated to:** | [Specify which groups of staff this will be disseminated to] |
| **Method of dissemination:** | [i.e. email, shared at a meeting] |
| **Is training required and how will this be delivered:** |  |

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| Document Change Control | |  | | |
| Date of Version | Version Number | Lead for Revisions | Type of Revision | Description of Revision |
| July 2024 | 1.0 | J-C Sconce | Format | Referral guidance agreed with Community Paeds (T Allport) and CAMHS (K Harvey) – placed in official UHBW guideline format |
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