

Tics

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to try the following:

- Please perform a full neurological examination on all children presenting with tics.
- In general tics do not require referral for specific general paediatric management.

Further information for families (including self-management advice and resources) can be found here:

<https://www.what0-18.nhs.uk/parentscarers/worried-your-child-unwell/tics-and-tourettes-syndrome>

Suggested resource for families:

https://www.tourettes-action.org.uk/storage/downloads/1374586646_Tic-tips---managing-your-TS.pdf

Please contact us (via Advice & Guidance in the first instance – please include a video if possible) in children where there is diagnostic uncertainty.

Please refer if:

- developmental regression;
- neurological abnormality on examination; or
- very severe or frequent symptoms interfering with normal daily activities.
- If PANDAS suspected (TICs and OCD)

If you have any concerns over serious associated mental health issues, please involve your local CAMHS team (via referral or self-referral, as per local processes)

Tics (sudden, rapid and repeated body movements or sounds that serve no purpose and are difficult or impossible to control) are very common in children aged 5 years and older (peak 10-13years). Tics commonly wax and wane and may change to affect different parts of the body over time. Parents can be reassured that the overwhelming majority will resolve without any medical intervention. Management is conservative and focused on reassurance, ignoring tics as much as possible, and reducing potential stressors/triggers.

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]