



# ASK THE Expert

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Some people with TS have doubts about embarking on a regimen of medication because many drugs have unwanted side effects. There is also a measure of "trial and error" in finding the best medication for each patient. Could you tell us which criteria you use when prescribing medications for those who express such doubts?

The approach that I take is based on the unique qualities of the child and his/her family. Obviously, not every child with Tourette Syndrome requires medication. It is important that the clinician conduct a thorough evaluation including an in-depth interview with the family to establish the onset and course of tics, the current severity of vocal and motor tics, treatments already tried and their results and the overall burden of the tics on the child and the family.

Once it is determined that a child may benefit from a medication, then I would

address the experiences/fears that have led to the medication doubts expressed by the family and/or the child. These fears need to be discussed openly as well as the pros and cons of alternatives to medication. Openness by the physician about the possibility of having to try several different medications to find the most effective one for their child is key, as is stressing the philosophy of using "the lowest possible dose for optimal results."

It is essential for the clinician to make the parents feel part of the child's treatment and that their input is heard and valuable. With the family "on board" there is a much better chance of medication compliance.

Many children with TS will have some type of co-morbid disorder such as attention-deficit/hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD) and learning disabilities (LD). These disorders are often more disabling than the tics. Medication choice is based on

impact of the tics and any co-morbid conditions on the child's school performance, peer relationships, and overall function as well as the impact of the tics on the family. For example, one strategy may be that a child with bothersome tics and disabling ADHD, may be given a first trial of Guanfacine to target both tics and ADHD, whereas a child with mild, non-troublesome tics but with an impairing level of ADHD, may be given as a first trial a stimulant due to the higher efficacy of a stimulant in treating the ADHD symptoms.

Another issue I consider when initiating a medication trial for a child is the potential for adverse effects given the specific side effect profile of a medication and the unique characteristics of the child. For example, one consideration is the risk-benefit ratio of starting many of the tic suppressing medications in an overweight child, where the potential for additional weight gain would be a primary concern. Some adverse effects can be reduced by starting with a very low dose with gradual increases over a period of several weeks. This approach also allows a good determination of the lowest dose needed to treat the symptoms.

## Recent

**Emergence of tics in children with ADHD: impact of once-daily OROS® Methylphenidate therapy**  
Palumbo D; Spencer T; Lynch J; Co-Chien H; Faraone SV  
*Journal of Child and Adolescent Psychopharmacology* 2004; 14(2):185-194

**Relative contribution of attention-deficit hyperactivity disorder, obsessive-compulsive disorder, and tic severity to social and behavioral problems in tic disorders**  
Hoekstra PJ; Steenhuis M; Troos PW; Korf J; Kallenberg CGM; Minderaa RB  
*Developmental and Behavioral Pediatrics* 2004; 25(4):272-279

**A review of the treatment for refractory obsessive-compulsive disorder: from medicine to deep brain stimulation**  
Husted DS; Shapira NA  
*CNS Spectrums* 2004; 9(11):833-847

**Cognitive-pharmacologic functional magnetic resonance imaging in Tourette syndrome: a pilot study**  
Hershey T; Black KJ; Hartlein JM; Barch DM; Braver TS; Carl JL; Perlmutter JS  
*Biological Psychiatry* 2004; 55:916-925

### Neurobiology and neuroimmunology of Tourette's syndrome: an update

Hoekstra PJ; Anderson GM; Limburg PC; Korf J; Kallenberg CGM; Minderaa RB  
*CMLS Cellular and Molecular Life Sciences* 2004; 61: 886-898

### Restless legs in Tourette syndrome

Lespérance P; Djerroud N; Diaz Anzaldúa A; Rouleau GA; Chouinard S; Richer F and the Montreal Tourette Study Group  
*Movement Disorders* 2004; 19(9):1084-1087

### Do antipsychotics ameliorate or exacerbate Obsessive Compulsive Disorder symptoms? A systematic review

Sareen J; Kirshner A; Lander M; Kjernisted KD; Eleff MK; Reiss JP  
*Journal of Affective Disorders* 2004; 82:167-174

### Motor inhibition in patients with Gilles de la Tourette syndrome: functional activation patterns as revealed by EEG coherence

Serrien DJ; Orth M; Evans AH; Lees AJ; Brown P  
*Brain* 2005; 128:116-125

\* The Tourette Syndrome Association cannot provide copies of the papers listed above. Please refer to a local medical library.

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In addition to bequests and gifts of insurance, it's also possible to establish a charitable annuity or trust in TSA's name, that could present significant tax advantages to you, while preserving a maximum remainder of your estate for your heirs. For further information, call Mark Levine, ext. 230 in the TSA Development Office. All calls concerning estate planning and the Legacy Society are confidential.

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