

# Ask The **MEDICAL ADVISORY BOARD**

In each issue, a member of TSA's Medical Advisory Board addresses medical questions that affect people with TS and their families. This issue's contributor is John S. March, M.D., MPH, Professor of Psychiatry & Behavioral Sciences, Child and Family Study Ctr., Duke University Medical Ctr.

My 12-year-old daughter was given a prescription for a nicotine patch. I am very concerned. How are these patches supposed to help with her TS symptoms? Will she become addicted to nicotine? I would like to better understand what these patches are supposed to do for her. Does she need a prescription or are they sold are over the counter?

There have been several published case series about nicotine (the patch or gum) reducing tics. It is usually prescribed in combination with a neuroleptic. However, no controlled clinical trial of nicotine alone has shown evidence of reducing tic frequency or severity. Rather, the one controlled trial suggests that nicotine may be useful for treating TS comorbidities such as ADHD and anger dyscontrol.

Common side effects include nausea and vomiting. Physiological addiction to nicotine occurs, but it is unknown whether using the patch or gum in these research studies has increased the risk for addiction or future cigarette smoking. At this point, most experts would place nicotine down on the list of treatments for tics, and they would use other treatments for comorbid conditions such as stimulants for ADHD or antidepressants for anger control problems.

Our 6-year-old daughter has TS. Her symptoms seem to be under control and she is currently not taking any medication. However, she is having difficulties with insomnia. When she has a flare-up of tics, she seems to have even more sleep problems than usual. Does lack of sleep worsens tics? Does TS just cause insomnia? And can you suggest something that can help her sleep better?

Unfortunately, sleep disorders are common, typically under-diagnosed and under-treated by many doctors. Any stress, including lack of sleep can worsen tics. On the other hand, when problems with sleep arise during a tic exacerbation, it is often hard to tell what is causing what. A careful evaluation is the first step. Let the person who is taking care of your daughter's TS know about the sleep difficulties. He or she should be able to assess whether other conditions, both medical and emotional, could be causing the sleep problem.

One of the more common causes of sleep disorders in children this age group is fear or anxiety. If this is the problem, then seek the help of a mental health professional. If there is no obvious cause that can be treated directly, usually we focus on developing a simple "fall asleep ritual"

to help the youngster with this problem. For example, it is easiest for a child to fall asleep when he or she uses the bed for sleep only in an environment that is not overly stimulating (e.g. no TV, radio, video games, intense or long discussions).

For very significant sleep problems, medications that are used include melatonin, clonidine or guanfacine, the tricyclic antidepressants, Mirtazapine and the newer sedative hypnotics, such as zolpidem (Ambien).

## You Are The Key to TS Research

Later this fall you will receive our annual Research Fund Appeal letter. Your contributions can make a real difference, so consider increasing your donation over last year's contribution. If you didn't contribute last year, think about the importance of every dollar that goes into research.

You hold the key to beating TS once and for all. Now is the time to help.

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