

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 Barbara J. Coffey, M.D., Director, Tourette's Clinic McLean Hospital, Belmont, Massachusetts

Q My 13-year-old son has both TS and ADHD. His doctor prescribed the Catapres™ patch (clonidine) to control his tics and Adderall® (an amphetamine) to treat his ADHD. My son is quite thin and has not been able to gain any weight since starting these medications. I have also noticed that his tics are getting worse. Could his medications cause this inability to gain weight and increase his tics?

A Reduced appetite is a common side effect of Adderall® and many of the other stimulants used to treat ADHD. Some children may lose weight, or fail to gain weight, while taking stimulants. It is unusual for Catapres™ to be associated with reduction in appetite. In fact, the opposite is more common.

Whether the Catapres™ and Adderall® are associated with increased tics is more difficult to ascertain. Although some reports in the past have noted an increase in tics associated with stimulants, more recent, systemic reports have failed to document this association. The natural waxing and waning of TS symptoms may also account for the increase in his tics.

Q My eight-year-old daughter's doctor would like to prescribe Tenex® (guanfacine hydrochloride) and Ritalin™ (methylphenidate) for her TS and ADD. Is there any research on the effect of combining these medications?

A Tenex® (an alpha adrenergic) is from the same class of medication as Catapres™ (clonidine). Open (uncontrolled) studies of Tenex® have suggested that it may be useful for some patients with TS. To my knowledge, there are no controlled studies of the combination of Tenex® and Ritalin™, but the combination has been used frequently in practice. A multi-centered double blind placebo-controlled study of clonidine and Ritalin™ has recently been completed, and we are waiting for the published results.

Q Our pediatric neurologist has suggested that in our son's case the drug Tofranil™ (imipramine hydrochloride) might be useful to treat both his

facial tics and his ADD symptoms. We can't find any information on Tofranil™ for TS. Can you help us understand more about this medication?

A Tofranil™ is a tricyclic antidepressant medication that has a broad range of potentially helpful effects. It has been used for many years in youngsters and adults for a variety of problems including treatment of depression, anxiety, ADHD and bedwetting. Recently, Norpramin (desipramine), a derivative of imipramine, has been used in both open and controlled studies to treat ADHD and tics with positive results.

Q Both my husband and my adult son have been diagnosed with TS. They also both have substance abuse problems. Are these two conditions related in terms of their basic causes?

A At this time, we do not have a definitive understanding of the causes of either TS or substance abuse. There are no data to suggest that the causes of substance abuse and TS are related. On the other hand, in clinical practice, we do see individuals with TS who have problems with abuse of alcohol, marijuana, or other substances. Often these individuals tell us that they use these substances to reduce their tics or other non- tic symptoms, such as restlessness or mood swings or anxiety difficulties.

Amy and Mitchel Freedman

continued from page 3

Mitchel: He's come to a point much beyond our expectations. He does his own laundry, he cleans his apartment, he made lasagna last weekend.

TSA: What role has TSA played in your family's life?

Mitchel: In the beginning we were lucky to live so near national. We went for family, spousal and sibling counseling.

Amy: We also turned to them for literature. National gave us information when we were in the shock of discovery and doctor lists too. But early on we didn't know about the chapters. I learned about the chapter from another mother who told me about a bowl-a-thon when I was sitting outside one of my son's therapy sessions. Now national posts information about our local chapter, and informs people about the other local chapters.

TSA: What advice would you offer other parents?

Mitchel: Choose your battles. With a child with TS, everything is a battle. Learn to pick the right ones. Children with TS learn to push their parents' buttons.

Amy: Oppositional and manipulative kids rule the roost. I just did what I thought was right—and it turned out to be the right strategy. I was consistent and strong and very clear. I'd advise parents to be firm and clear. I'd also say that there's light at the end of the tunnel. ■

New TS Drug Awaits Study

There has been much publicity of late about the use of nicotine patches as well as the drug mecamylamine to treat Tourette Syndrome.

Initial studies have shown that both the use of nicotine through a patch as well as the prescription of a medication to block nicotine (mecamylamine) may have a beneficial effect in relieving some of the symptoms of Tourette Syndrome. The reports on both substances have originated primarily from a group of researchers in South Florida. To date, information has been based entirely on retrospective studies without comparison with a control group in a blinded fashion such that neither the subjects nor their physicians know which is actually being given.

Most scientists would agree that the final decision about the potential benefits from these treatments must await the publication and review of double-blind studies. As always, we remain hopeful that the efficacy of new treatments will be borne out by rigorous scientific study.

— Gerald Erenberg, M.D., Chair
TSA Medical Advisory Board

