



ASK THE Medical Advisory Board

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My son was diagnosed with TS, Attention

Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Asperger's syndrome. How can one child have so many different diagnoses?

One of the greatest challenges for clinicians treating neuropsychiatric disorders is making an accurate diagnosis. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TM) uses a "Categorical" model for diagnosis, which relies on the presence or absence of a number of specific symptoms. However, symptoms of different conditions may overlap. Thus, reaching a particular diagnosis can be quite complex.

For disorders such as TS, it is probably more relevant to use a "Dimensional" model for diagnosis. This model examines specific areas of brain function. The problem of receiving many different diagnoses, may actually be caused by the models used to make them. In some cases, whether or not particular symptoms are an indication of distinct and separate disorders (i.e. true co-morbidities) can be an area of debate.

Often, certain clusters of symptoms may be associated with a particular condition. For instance, it is not uncommon

for a child with either TS or Asperger's Syndrome to have ADHD. Furthermore, it is very common for children with ADHD to exhibit oppositional defiant symptoms. However, most clinicians would regard the co-occurrence of both TS and Asperger's Syndrome as a true co-morbidity—that is, two distinct and separate conditions.

Does the onset of TS symptoms after a strep infection differ from symptoms that ordinarily occur in other youngsters who are diagnosed with TS?

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS) refers to children who experience a sudden and explosive onset of tics and/or obsessive compulsive symptoms that are thought by some to be physiologically-related to streptococcal infection. While this is an area of very active investigation, the PANDAS hypothesis remains highly controversial and intensely debated. As of now, it has not been confirmed that there is a causal link between strep infections and the sudden onset of tics and/or obsessive compulsive or other behavioral symptoms. That said, typically TS is associated with a slower onset of tics symptoms during childhood, usually beginning with a simple

motor tic such as eye blinking which may disappear within days-weeks-months only to be replaced by another tic symptom. Due to this typical waxing/waning, it may take several years before tics and/or obsessive compulsive symptoms are even recognized. To recap—unlike the usual onset of tic symptoms in TS, those that are thought to occur with PANDAS are often described as appearing very abruptly, often severe and of dramatic presentation.

If tests can't confirm a TS diagnosis, why was it necessary for my daughter's neurologist to perform an EEG and MRI?

At this time, the diagnosis of Tourette Syndrome remains primarily a clinical diagnosis arrived at by excluding other possible causes for involuntary movements and/or vocalizations that are seen. There is no blood test, MRI finding or other laboratory examination that confirms a TS diagnosis. However, it is the responsibility of a physician to rule out other potential causes of the symptoms based on taking a careful medical history and physical examination. For example, an EEG can be helpful in excluding seizures and an MRI of the brain could exclude a mass, when either of these possibilities is under diagnostic consideration.

AWARENESS IS IN THE AIR

This year, more chapters are participating in Awareness activities than ever before. Across the country they are raising the profile of TS with a variety of creative events, including Play-A-Thons™.

A Play-A-Thon™ is being held by TSA Rhode Island and TSA Mid-South Regional Chapter is holding four Play-A-Thon™ events including a Kite-A-Thon in Louisiana and a roller-skating event in Mississippi. In New Mexico, the Play-A-Thon™ was held in conjunction with the Chapter's Annual Awareness Picnic. Among the Chapter's other numerous events are Summer Fun Days and a Bowl-A-Thon.

Some chapters, making the most of the TSA/CDC Medical Education Program, are holding Awareness Events at the same time. These chapters include the TSA

Oklahoma and TSA Alaska Family Conferences.

Others like TSA New York City, TSA Hudson Valley, TSA Long Island, TSA New Mexico and TSA Mid-South Regional Chapter, have garnered mayoral proclamations. Many marked Awareness Month by visiting their own local elected officials to discuss issues that have an impact on the lives of people with TS.

Awareness is in the air nationally too. Last year, the House and Senate passed a concurrent resolution supporting the goals of Tourette Syndrome Awareness Month. A concurrent resolution is not a bill and does not require the signature of the President, but it does demonstrate the support of the legislative branch and encourages the President to designate a month. This is a

major accomplishment and a crucial step in the support and recognition of TS by government legislation.

— *Play-A-Thon™ is a service mark of Hasbro, Inc., used with permission.*

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