

A Safe Haven: National TSA Applauds the Work of Local Support Groups

I hear from families that support groups let them know they are not alone and makes their problems seem more manageable. It is a life preserver that keeps them from sinking.

— Sheri Boyd, Director of Chapter Services

The last twenty-five years has seen a revolution in the self-help movement. Nowhere is this more evident than in the growth of support groups at TSA.

Local chapters across the U.S. have found that support groups are often the most important thing they can offer people with TS. The groups—most run by lay people but some facilitated by professional social workers or counselors—provide a safe haven for many people with TS.

In the relaxed atmosphere of the group, TS-related behaviors don't impede full participation. This is especially important to the newly-diagnosed and to people who have recently experienced new symptoms. They can relax and learn from other people who share similar life experiences.

Parents' groups are particularly effective, allowing parents to open up and exchange information and coping suggestions without embarrassment. Topics discussed include disciplining children with TS (when is a tic a tantrum?), advocating on behalf of your child in school and learning when not to overreact to a child's behavior.

The success of children's groups have led to the chapter-sponsored summer camps. The camps give kids with TS a chance to enjoy typical camp activities and socialize without the fear of being rejected for having TS. Some of the camps are for families, and combine the fun-in-the-sun associated with summer camp with coping workshops.

The latest development is the adult men's support groups. These groups usually focus on a social activity—softball, bowling, bird watching—and provide adult men with a setting conducive to relaxing and being themselves.

Support groups are important because they give people with TS a place where they are the norm, not the exception.

Allergy Alert!

Potential Interactions Between the Antihistamine Hismanal and Various Medications

The FDA and Janssen Pharmaceuticals have issued a warning about taking the antihistamine Hismanal (astemizole)—at higher than recommended doses—combined with a variety of medications. Several of the medications listed are prescribed to people with TS.

Hismanal interacts negatively with: SSRI's (Prozac, Zoloft, Paxil), certain antibiotics such as Biaxin and TAO (troleandomycin), anti-hypertensives such as Posicor, and the asthma medication, Zyflo.

Side effects include irregular heart rhythms or severe allergic reactions.

Note: drinking grapefruit juice is also contraindicated with Hismanal.

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 Dr. Louise Kiessling, M.D., Memorial Hospital, Rhode Island, and a member of the TSA Medical Advisory Board.

Q I've heard that strep infections can bring on TS symptoms and/or make existing ones worse. I've asked my pediatrician to prescribe antibiotics for my son (age 9) with TS and my younger daughter who is not showing any signs of TS. He has refused to prescribe the medication for us. Am I doing the right thing by not making sure my children get protection against more strep infections?

A You are doing the right thing at this time. There is a hypothesis that some children have exacerbations or initial onset of the TS symptoms after streptococcal infection. It is just a hypothesis and has not yet been proven. Research is being done to see if there is a true connection. For now there is no indication for beginning antibiotics for a child who does not have an acute streptococcal infection. If one of your children has such an infection, then he/she should be treated for 10 days with penicillin (if allergic, erythromycin).

Q In everything I've read about TS, we are told not to bring up TS tics and other behaviors with our children because drawing attention to symptoms can make them more self-conscious. I agree with that view. However, my daughter is unbelievably embarrassed by her symptoms, and won't talk about them at all. I would like to explain TS to her. Any advice as to how to go about it?

A It is true that if you talk to your daughter about her tics, the problem of "suggestibility" might exacerbate her tics. But that doesn't mean you should avoid serious talks with her about TS.

Sit down with her in a place where she feels comfortable, just the two of you, so she won't be embarrassed. It is important that she understand she is not responsible for her tics. And that she is not "bad"—because they happen regardless of her desire to stop.

Don't force her to talk, but assure her that you will be there when she is ready for a discussion and that you won't expose her to the ridicule of other family members, friends, classmates, etc.

TSA has booklets and videos that may help her understand TS. *Matthew and the Tics* is a pamphlet for young children. The video on baseball player Jim Eisenreich entitled *Handling it Like a Winner: The Jim Eisenreich Story* (available from the Kansas City Chapter) might help start a conversation with an older child or adolescent.

Q Since my son began taking Haldol he has been missing school two or three days a week. When I ask him why he doesn't want to go to school he claims he does not know. Is this part of having TS? Or, is it a side effect of his medication?

A His symptoms could either be due to TS or a side effect of the medication. There is a small minority of children with TS who also have separation anxiety (at least some of the time). He may also have a precipitating preoccupation, for instance a child fears stormy weather so he avoids school on days when rain and thunderstorms are likely. He would clearly benefit from working with a social worker or psychologist who understands TS. A change of medication may be helpful.