



ASK THE MAB

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My child has TS, ADHD and OCD. When school begins, he gets extremely stressed and anxious, and his symptoms get out of control. Are there things we can do to help him so that going to school can be less frightening and stressful?

I think that problems with stress and anxiety when school begins are common in children with TS. However, sometimes this may be related to the overall stress in the family, especially if everyone is getting ready for what the start of school entails in terms of changes in schedules. I try to tell families not to anticipate the worst, but rather to enlist the child in getting ready for school so that they are well-equipped and feel more secure about dealing with new situations.

It's very helpful to educate a child's teachers prior to the onset of school, and perhaps even have the child meet with the teacher before school begins. Anything that can be done to familiarize your child with a new school can make a world of difference in helping them through this adjustment.

When I counsel families about a new school, or a new school year, I try very hard to convey that this new beginning does not mean that TS symptoms will inevitably worsen, and also ask parents to remember that all children experience some degree of stress at that time.

I was told that there are no medical tests that can confirm that a person has TS. However, my doctor wants my daughter to get both an MRI and an EEG test. Why is he requesting these?

You are correct. There is no medical test to confirm a TS diagnosis. However, there are several other conditions that may appear similar to TS. It may be that your physician is requesting the tests in order to rule out these other disorders. Occasionally, seizures can be associated with symptoms that are very similar to tics. Very rarely, there are structural lesions in the brain that can cause symptoms that are thought to be

those of TS. However, these cases are quite unusual. I'd recommend that you ask your physician what specific conditions he or she is looking for.

My 8-year-old son was recently diagnosed with TS. Not wanting to put him on medication right now, we are looking for other options. I am finding a lot of info on the Internet about nutritional therapy for TS symptoms. Also, I've heard some talk about food/environmental allergies and how they can affect the brain. Are these useful methods to follow?

This is a great question. There are a number of resources that would suggest that dietary or environmental influences may play a role in the expression of TS. The problem is that there is very little scientific data to support these claims. In my own mind, I try to us keep open about this fact because without knowing it, we all are exposed to a variety of food preservatives and chemicals. Unfortunately, the lack of any well accepted studies that might point to a clear causation makes it very difficult to recommend any particular intervention.

That said, I do treat a number of families who report that exposure to a specific food seems to be associated with a worsening of symptoms. Because this might be relevant, I ask those families to remain vigilant about such possible associations.

Each child is different, though, and I do not think this sensitivity can be generalized to all children with TS.

I have pretty bad vocal tics that cause me embarrassment in social situations. My motor tics are very minor and don't interfere with my everyday life. Are there any medications that are particularly helpful for vocal tics as opposed to motor tics?

I am not aware of any drugs that are more beneficial for vocal tics. This is unfortunate, especially if these are the TS symptoms you find most troublesome. There are a number of reports of individuals who have undergone therapy with Botox (botulinum toxin) for vocal tics. By injecting Botox into one vocal cord, it has been reported that some individuals experience a reduction in vocal tics. How this works is not exactly clear, but may be something that you should consider.

Although it may seem to be a fairly drastic intervention, Botox injections into the vocal cords is done very commonly for a condition known as spasmodic dysphonia. Typically, this injection is administered by either an otolaryngologist or a neurologist who has access to equipment with which to adequately visualize the vocal cords. This is not something to necessarily enter into lightly, but in experienced hands may prove quite beneficial.

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