



If TS is a neurological disorder, then why did our doctor prescribe an anti-psychotic medication?

This is an excellent question with three subparts:

Firstly, if TS is defined as neurological disorder, then why are some psychiatric medications prescribed? Often families with TS are confused about how professionals in neurology versus psychiatry versus psychology can be helpful with treatment. These three specialties, and several others, are all treating the same organ, the brain. Each brings different medical training and therapeutic techniques, and there is substantial overlap in their approaches. Because the brain is so complex, brain-based disorders and diseases often cause complex symptoms, such as those we see in TS. Therefore, depending on the individual's symptoms, often more than one specialty has value for TS diagnosis and treatment. Over time we have learned that the same medications may be used for treating psychiatric diagnoses, neurological diagnoses, or both.

Secondly, medications used in treating one illness may often be prescribed for multiple purposes. For example, some "anticonvulsants" (seizure medications) also help in treating the symptoms of migraines and bipolar disorder. Names of categories of drugs often come from the first use of the medication. Anti-psychotics, also known as neuroleptics or dopamine receptor blocking agents, block dopamine in the brain. These can reduce psychosis, but also can decrease tics and other unwanted movements.

Thirdly, why an anti-psychotic? The "why" is important here because for some people, these medications might cause intolerable side effects. Therefore, physicians need to weigh carefully possible risks and benefits. Anti-psychotics may be extremely helpful for some, yet for others with TS, the risks far outweigh the benefits. Anti-psychotics should be prescribed carefully and those taking them should be monitored closely.

Are Asperger's syndrome and TS related in any way?

Asperger's syndrome develops in childhood and is one of the conditions in the autistic spectrum. There is no known common

genetic abnormality shared by Tourette Syndrome and Asperger's syndrome. These are distinct clinical diagnoses, and the diagnosis of both is based on the clinician's assessment of whether a group of key symptoms and problems are present.

However, there are a number of features that these diagnoses share. First, both occur more commonly among males, both run in families, and both may be accompanied by symptoms of ADHD, OCD, or anxiety. Second, both disorders cause repetitive movements. For TS, it is rapid tics. Common movements in Asperger's syndrome are stereotypies, repetitive movements that are distinct from tics. To complicate matters, persons with TS may exhibit stereotypies, and some with Asperger's can sometimes have tics.

Parents often ask me whether their child might have Asperger's syndrome in addition to TS. This happens most often when the child has poor social skills, lacks empathy, or has some odd and overly obsessive interests. Most of these children do not have a sufficient number of such symptoms to be formally diagnosed as having Asperger's. That said, reading a bit about symptom management for Asperger's might be helpful to parents of children with poor social skills or these other features. Thinking carefully about a child's problems and how to address them is important, but physicians and parents should resist labeling children with lots of diagnoses based on just a few symptoms.

What is biofeedback, and is it useful in reducing TS symptoms?

Biofeedback is an intervention aimed at helping people relax and cope more effectively with stress. Since stress increases many common symptoms, such as migraines and chronic pain, the basic idea is that practicing relaxation may improve health in many ways.

Biofeedback practitioners believe that patients can relax their bodies and cope better with stress if they practice relaxing using instruments to monitor biological functions like blood pressure, heart rate, skin temperature or muscle tension. These functions that are monitored tend to change during stress, but change in the opposite direction during relaxation. The "feedback" part of

the therapy is watching, for example, your blood pressure decrease while you are relaxing. In addition, practitioners may use imagery to describe stressful situations and help patients relax themselves with biofeedback during these sessions. The hope is that this skill may then be used, without the monitoring, in daily life to more effectively cope with stress, pain, or some other problems.

Relaxation and strategies for coping with stress are important for persons with TS, especially if they are overly anxious. It has not been proven in a scientific study that biofeedback helps TS, and one small study from Johns Hopkins showed short-term benefit only. I don't recommend biofeedback for my patients with TS. That said, I have no objection to it, so long as the instrument monitoring it is non-invasive and not too expensive. I do recommend that my TS patients look at the sources of stress in their lives, and try to find healthy ways to cope with them. My hope is that, in addition to promoting better health and well being generally, they may also experience a lessening of their TS symptoms.

SOMETHING NEW FROM THE TSA LEGACY SOCIETY

Legacy Society members invest in the future of TSA by including the Association in their wills, insurance policies, trusts and other estate planning vehicles. TSA is now happy to announce the establishment of a Pooled Income Fund. It's another way members and friends can make a gift to TSA while receiving an income for life with the potential for growth through the years. Unlike Charitable Gift Annuities and Charitable Trusts, the Pooled Income Fund has a much lower gifting level, making it available to many more donors. And just like the others, it carries an IRS tax benefit to the extent of the law. For information about the TSA Pooled Income Fund, and other ways of planning gifts for your future and that of TSA, please contact Mark Levine in the TSA Development Office, (718) 224-2999 ext. 230 or mark.levine@tsa-usa.org. All discussion and correspondence concerning planned giving programs is confidential.

