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Behavioral Problems in Tourette Syndrome

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Recently, a great deal of attention has been focused on an area of disturbance in Tourette Syndrome not previously widely discussed. This is the area of behavioral disturbance which includes a wide array of problems. I have been impressed that the behavioral disturbances associated with Tourette Syndrome can be more disabling than the tics in some patients.

In attempting to better understand these disturbances, three separate, but interacting, areas must be considered. First, there are those behaviors which arise as an inherent part of the neurologic syndrome. These include increased irritability, low frustration tolerance, attentional problems and hyperactivity (seen most frequently in children). Also included in this area is the obsessive thinking with thought intrusions and the compulsive ritualistic behaviors so frequently seen in Tourette Syndrome. The occasional self-destructive behaviors should also be included here.

The second group of behavioral disturbances includes the complications of medications. Few of our patients have escaped the sedation, mental clouding, amotivational states, restlessness or depression brought on by these medicines.

The third group of behavioral disorders is more difficult to define because it includes as wide an array of reactions as there are personalities. These are the disturbances in behavior which arise out of a reaction to having to grow up and live with a socially disabling and often painful illness. Further, the fact that the illness is unpredictable, that it can be quiescent for a time and then become explosive becomes a source of stress in itself. The process of psychological development is difficult enough without the additional burden of a chronic illness.

There are times in the developmental cycle which are particularly vulnerable to stress. Perhaps the time of greatest emotional turmoil is adolescence. Unfortunately, this is often the time of worsening of Tourette symptomatology, sometimes including the beginning of coprolalia. It is not difficult to imagine how difficult this particular time may be for the Tourette patient. Psychological reactions may include social withdrawal, depression, anger, rage and a general sense of frustration. Often this is expressed at home as anger toward the family for this is where the patient can "let it all hang out." Special care must be taken in attempting to understand the stresses of our patients, particularly during this period. Referral for psychological counseling should always be considered an option. Family support alone may not be sufficient in dealing with these pressures.

A question frequently asked of the physician is whether a certain behavior is part of Tourette Syndrome or whether it is just characteristic of the particular child. This question often cannot be adequately answered, for most behavior arises out of the complex interaction of the three areas delineated here plus innumerable inherent and environmental influences.

Some of the behavioral disturbances in Tourette can be dealt with using medication. These primarily include the disturbances inherent to the neurologic disorder. Medication side effects can often be minimized by careful monitoring of dose and schedule. Often, the most difficult problems to deal with are those arising in the psychological sphere. The best approach to dealing with the multi-faceted problems in Tourette Syndrome is to take a combined medical/psychological approach to the patient. The physician must keep in mind that he is dealing with both an illness and a patient's individual reaction to growing up with and living with that illness. Support of family and friends, in addition to that of physician and counselor is vital in helping the patient cope with the added stresses of Tourette Syndrome. Sometimes just being aware of the multitude of problems that can arise in our patients helps us to more readily lend support and understanding. As part of the initial evaluation, the physician should consider both the motor and behavioral symptomatology which potentially can occur in Tourette Syndrome and present this information to the patient and the family. This form of education often proves to be of great help. Such education ideally should be extended to school or work situations as well. This need has been answered to some degree by the initiation of in-service educational programs successfully undertaken by the Tourette Syndrome Association.

In summary, I would like to remind our readers that Tourette Syndrome is a complex neuro-psychiatric disorder with a multitude of clinical manifestations, all of which must be considered if we are to more successfully help our patients cope with this unpredictable illness.

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