



**Tourette Syndrome
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TOURETTE SYNDROME IN ADULT LIFE

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When we look at the literature on TS, it is as though it is only a disorder of childhood and adolescence. The problems of TS in the family, the school as well as the associated features (ADD, OCD, behavioural problems of childhood) are frequently and largely studied. But what about during adult life? Those children do grow up and eventually reach adulthood. What becomes of them?

There are very few articles and little scientific data about TS in adult life. Frequently, those articles are limited to clinical studies about symptoms from childhood and adolescence which are persisting into adulthood. Why is it like that? One reason is certainly the drama and difficulties that the parents and children with TS are facing during the school years. The stresses and challenges for their development that the most dramatic symptoms of TS cause is attracting a lot of attention. Another reason is the fact that some symptoms, especially the tics, tend to decrease by 20 – 30 % by the end of adolescence. In some instances, there are complete remissions.

Adulthood is certainly a period of stabilization and of symptom reduction for many. It is also a period for adaptation to reality, for stabilization of the self-image, for the use of one's strengths in order to reach personal goals in life. Despite a chronic condition, it is a time to realize that TS is only a part of that person. You are not a Touretteur, but are, above and beyond everything else a unique human being precious and irreplaceable.

It doesn't mean that adult life is easy for people with TS. There are many challenges to face. The first one is about developing a positive self-image. The experiences of childhood and adolescence, the support of the family, the obstacles that have been overcome, all of that will contribute to the establishment of a realistic and positive self-image. The capacity to openly acknowledge one's condition, to talk about TS with friends and co-workers, is an unequivocal sign of a good acceptance of oneself and of a better adaptation to a personal reality.

Interpersonal relationships, sometimes difficult during adolescence, tend to become calmer and less conflictual in adult life. Beyond the tics, adults are able to communicate with the persons themselves. Many adolescents with TS are afraid that they will not be able to establish an intimate, loving relationship because of their symptoms. In most instances, this is far from true. Most will eventually find a companion and form a stable relationship. When considering the possibility of having children, the need for information about the genetic aspects of TS will arise. Adults face the fear of transmitting the disorder to their children. Couples may also have some difficulties with the impulsive behaviours and aggressivity sometimes associated with TS and need some counselling.

The tics, when apparent and not well-controlled in public, may interfere with the capacity to find a job. Many employers are reluctant to give a job to people who exhibit such an obvious condition. Even when the tics are under good voluntary control (as it is frequently the case in adults) other less visible symptoms may interfere with the working capacity. The compulsions and obsessions, the learning disabilities which are persisting and the difficulties with authority figures are all examples of such features. A new need for treatment, or for a change in the direction of treatment, may arise as a result of those conditions in life.

In conclusion, there is hope for people with TS. Adult life is a period of adaptation. The capacity to overcome the difficulties are then at their full potential. With the support of friends, family members and sometimes of the groups that our foundation and the local chapters have established, people can reach a better integration into society as a whole and make a difference.