



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Tics In Children & Young People

What is a tic?

A tic is a sudden, repetitive movement or sound that a child or young person does not choose to make and may find difficult to control. Tics are very common—around one in five children experiences them at some point.

Tics are not the child's fault. They are not a sign of bad behaviour or poor parenting.

Types of tics

Motor tics (movements) may include:

- Eye blinking or rolling
- Facial grimacing
- Head or shoulder jerking
- Nose twitching
- Mouth opening

Vocal tics (sounds) may include:

- Throat clearing
- Sniffing
- Grunting
- Coughing

Tourette syndrome may be diagnosed when a child has experienced at least two motor tics and at least one vocal tic—not necessarily at the same time—for more than a year. The tics must have begun before the age of 18.

Tourette syndrome is a recognised neurological condition. With understanding and appropriate support, children with Tourette syndrome can continue to thrive and enjoy full, happy lives.



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What causes tics?

The exact cause of tics is not fully understood. They are thought to involve differences in how certain parts of the brain communicate, and genetic factors often play a part.

Tics are not caused by stress, diet, screen use or parenting. However, some of these factors—such as stress or tiredness following disrupted sleep—may temporarily make existing tics more noticeable.

Some children notice a build-up of an uncomfortable feeling just before a tic. This is called a **premonitory urge** and may feel like an itch that needs to be scratched. Younger children may not recognise or be able to describe this feeling.

What can make tics better or worse?

Tics naturally wax and wane. This means that they become better or worse in cycles, often for no obvious reason.

Things that may temporarily make tics worse include:

- Tiredness or poor sleep
- Stress or anxiety
- Excitement
- Being watched or having the tics discussed
- Illness

Things that may help with day-to-day management include:

- Regular sleep and consistent routines
- Physical activity and exercise
- Calm, supportive environments at home and school
- Avoiding unnecessary attention to the tics

Watchful waiting: a first step

For many children, watchful waiting is an appropriate first approach, particularly when the tics are mild and are not causing distress or interfering with everyday life.

Watchful waiting means:

- Monitoring how the tics change over time
- Continuing with normal activities and school
- Not treating the tics as a problem unless they cause significant distress or difficulty



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This is a valid and recommended approach—not simply “doing nothing”. Tics often improve considerably during adolescence, and many children eventually experience only mild tics or no tics at all.

Tips for home during watchful waiting

- Avoid repeatedly asking your child to stop a tic. This rarely helps and may increase anxiety or discomfort.
- Try not to react to or draw attention to tics in public.
- Let teachers know about the tics and ask them to respond calmly and matter-of-factly.
- Make sure your child is not reprimanded or punished for their tics.
- Reassure your child that having tics does not make them different or less capable.

When to ask for more help

Please speak to your GP or paediatrician if:

- The tics are causing pain, injury or physical discomfort—for example, because of repeated neck jerking.
- The tics are causing your child significant distress or embarrassment.
- The tics are affecting learning, friendships or everyday activities.
- Your child is being bullied because of their tics.
- The tics are becoming significantly worse over several months.
- Your child also has substantial difficulties with attention, concentration, anxiety, obsessive thoughts or compulsive behaviours. These commonly occur alongside tic disorders, and support and treatment are available.
- Tic-like movements or sounds appear suddenly or unusually.
- Tics first appear after the age of 18. This is less typical and should be medically assessed.

What treatments are available?

If watchful waiting and everyday support are not enough, effective treatment options are available.

Behavioural therapy

Behavioural therapy is usually one of the first treatments considered when tics require active management.



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One option is **Comprehensive Behavioural Intervention for Tics (CBIT)**. This may involve:

- Learning to recognise the urge or signs that occur before a tic
- Practising a competing response—a voluntary action that makes the tic more difficult to perform
- Identifying situations that affect the tics
- Developing practical strategies for managing those situations

Other approaches include habit reversal therapy and exposure with response prevention. Behavioural treatments can help many children reduce the severity and impact of their tics, although individual responses vary.

Medication

Medication may be considered when tics are severe, painful or significantly affecting everyday life, particularly when behavioural therapy is unavailable or has not provided enough benefit.

Medication for children with tics should be recommended and monitored by an appropriately qualified specialist. The specialist will discuss the potential benefits and side effects and consider any other conditions your child may have, such as attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD) or anxiety.

Key messages to remember

- Tics are common and often improve with time.
- Tics are not your child's fault and are not a sign of poor parenting.
- Watchful waiting is a positive and supported choice for mild tics.
- Avoid asking your child to stop or punishing them for their tics.
- Seek help if tics are causing distress, pain or difficulties in everyday life.
- Effective treatments are available when they are needed.
- Tics do not define your child.

Further Information and Support

Tourette's Action (UK): www.tourettes-action.org.uk Tics | NHS: www.nhs.uk/conditions/tics

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