TOURETTE SYNDROME
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[Assignment: Write an informative essay relating to a topic about which you are more knowledgeable than the average reader. Cite general information as well as a specific case which would clarify the subject and its importance to the general audience.]

(1) In many cases, children seem to excessively blink or twitch their noses. This tic (involuntary muscle twitches) is nothing to worry about because it usually goes away after a while. But if this "habit" or "nervous" tic becomes more severe and additional tics occur, that child may have what is known as Tourette syndrome.

(2) Tourette syndrome is a disease which causes people to have compulsive or ritualistic behavior. At the onset, they may experience blinking, eyelid squeezing, nose twitching, teeth-grinding, or grimacing. As the disease progresses they may acquire vocal tics. These include sniffing, barking, throat clearing, humming, and panting. Even more severe symptoms of Tourette syndrome are repeating others' and one's own last words and movements, shrieking and using foul language. All these symptoms that seem so controllable to normal people are not controllable to people with Tourette syndrome. Sometimes the victims can hold them in for a while, but that takes a great deal of energy, and at the end of the day they are physically exhausted (Garelik 80).

(3) Most commonly, Tourette syndrome develops in children between the ages of two and fourteen, and is mistaken for a stage that a child is going through, or a mental illness which needs professional help. The mistaken diagnosis is due to the fact that about 25% of the children with the disease have short attention spans, hyperactivity, and learning disabilities (Shapiro 384). Because other illnesses that damage nerve pathways in the brain, such as encephalitis, cause similar compulsive tics, researchers believe that the disease is caused by a structural or chemical abnormality somewhere in the brain ("Something Terrible" 32). Children could need psychological help only because of psychological problems induced from the rejection and ridicule by their peers.

(4) Tourette syndrome has been misdiagnosed for years. The first document referring to what was probably a case of Tourette dates from 1489. In this case and others like it, the diagnosis was possession by the Devil, and the treatment prescribed by the Church was exorcism. When this failed, the sufferers were sometimes burned as witches (Garelik 79). This advancement from superstition to recognition of Tourette's as a physical ailment shows how much technology and medical discoveries have improved over time.

(5) Several years ago, the parents of a 3-year-old boy, Tommy, noticed that their son continually blinked. They took him to the optometrist and found nothing wrong. Then, the blinking stopped. For a long time after that, there was no sign of any problem except for an occasional twitch or cough. As Tommy started school, these tics began to increase. His peers began to tease him and call him "Tommy the Tic."
few weeks later, Tommy's symptoms increased, and he began making noises such as grunts, whistles, and throat-clearings in class. His teacher sent home a note saying that he was being disruptive to the other students. Tommy promised to stop, but he could not.

(6) Tommy’s parents took him to a psychiatrist. They felt the psychiatrist could help him get over this "nervous" tic by talking over his emotional problems. Soon his vocal tics ceased, but were replaced by patterned tics like licking his lips or wiping his mouth every few minutes. It was obvious that Tommy had more than an emotional problem and needed medical help.

(7) As soon as Tommy’s parents found a specialist in tics, they took Tommy to get an examination. One of the steps in diagnosing Tommy was to check whether anyone else in his family history had tics (“Something Terrible" 26-30). Since a French neurologist, George Gilles de la Tourette, first described the disorder in 1885 and suggested Tourette syndrome was hereditary, studies on the genes have been done. One study that followed 120 families in which one member had Tourette showed that about 90% of people with the syndrome had family members with Tourette or other tics (Garelik 82). Related studies revealed similar results. The research suggests a dominant gene is at work, but that it does not cause full-blown Tourette in everyone who inherits it. In fact, although almost all males who inherit the gene have signs of the disorder, only about 70% of the females who inherit it do (West 2).

(8) As researchers began to look for an appropriate treatment for Tourette syndrome, they tried psychotherapy, behavior modification, and hypnosis, but the results were poor. It wasn’t until 1961 that Arthur Shapiro discovered that a drug called haloperidol reduces and sometimes completely stops the tic symptoms (Shapiro 384). This is the drug that Tommy was prescribed to stop his tics. The problem with haloperidol is that it may cause side effects such as sedation, loss of motivation, cognitive dulling, and drooling. Some of these side effects are made less severe by the drug Cogentin. However, sometimes use of Cogentin can make urination difficult, and can cause visual hallucinations (Garelik 82). The best way to avoid the problems with the drugs is to have them managed by an experienced clinician.

(9) Until the direct cause of Tourette syndrome is discovered, no one will know exactly how to cure this disease. The researchers are working, but all that the sufferers of this disease can do is wait and hope for a medical breakthrough. Meanwhile, they must learn to deal with this problem and live their lives the best they can, day by day.

Works Cited

Garelik, Glenn. "Exorcising A Damnable Disease." Discover
December 1986: 74
