A recommended service pathway for the referral, assessment, treatment and management of tic disorders in children and young people

intend
improviNg Tic services in EnglaND

Referral

Referrals from GP or via appropriate secondary/specialist services using a standardised electronic referral process

Referral Criteria

If the answer to <u>ANY</u> of the following questions is yes, then refer:

- Have the tics been present for 12 months or more?
- Are the tics causing psychological / physical distress or harm?
- Are the tics causing functional impairment?

In all cases, signpost the young person and family to Tourettes Action for guidance and support

If no criteria are met, advise to watch and wait and come back if symptoms persist or worsen

Assessment

- Physical and neurological examination
- Interview with child/young person and parent/carer
- Yale Global Tic Severity Scale
- Parent Tic Questionnaire
- Screen for Neurodevelopmental Disorders and mental health difficulties

Diagnostic decision in accordance with DSM-5 or ICD-11 criteria

Liaise with other services

- If ADHD/ASD assessment required, refer to/liaise with Neurodevelopmental Disorder (NDD) service
- If mental health difficulties are severe, refer to/liaise with Child & Adolescent Mental Health Services (CAMHS)
- If tics are likely to be functional, refer to/liaise with CAMHS
- If medication is required for tics, ADHD, or mental health condition, consult with/refer to a medically trained professional (Psychiatrist, Paediatrician, Nurse Prescriber)

Treatment, Management and Support

Depending on tic severity, impact & child's/young person's preferences:

- Psychoeducation for child/young person and family and other relevant services/agencies (e.g., school)
- Evidence-based psychological therapies (e.g., Exposure Response Prevention, Habit Reversal Training, Comprehensive Behavioural Intervention for Tics) delivered in group or one-to-one format, in-person or remotely if clinically appropriate
- Pharmacotherapy alone or in conjunction with psychological therapy

Report summarising diagnosis and treatment plan shared with referring clinician, young person & appropriate agencies in accordance with service protocols & data protection regulations

Monitoring, Review and Follow-up

- Discharge from tic disorder pathway when the tics are well-managed (based on clinical symptoms and discussion with CYP and family)
- Patient Initiated Follow-Up (PIFU) within specified time-frame (discharge letter should detail how to re-engage and the PIFU time-frame)
- Shared care arrangements, if applicable, must be specified in the discharge letter
- The service should have an upper age limit with structured support for transition into adult services

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Tourettes action