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Tourette's Disorder

By Paul Marshall

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Tourette Syndrome Introduction

Tourette Syndrome is also referred to as Tourette's Disorder, Tourette's, TS and sometimes Tourette Spectrum Disorder.

Tourette Syndrome is best defined in the archives and pages of neurological conditions, syndromes, and disorders. Initially Tourette Syndrome was seen as extremely rare and an individual was viewed as having violent muscle contortions (motor tics) and vocal disruptions (vocal tics) combined with outburst of swearing and obscenities. (Tourette history) However Dr. David E. Comings writes in Tourette Syndrome and Human Behavior, "...TS is one of the most common genetic conditions affecting humanity and many more carry the trait."

Tourette Syndrome / Tourettes Disorder - TS / TD is a neurological disorder characterized by involuntary body movements and vocal outbursts (Tics) for at least 12 months.

Note there are no longer any requirements for severity or impairment.

Tourette Syndrome is named after a French physician, Georges Gilles de la Tourette, who first described Tourette it in 1885. Tourette Syndrome commonly appears in childhood, more often in males than females, and may worsen thereafter or subside. The absolute cause of Tourette Syndrome is unknown, nonetheless many theories and advanced information has increased considerably since 1885.

Tourette's Disorder

No cure yet exists, but symptoms are often treatable with various RX medications, behavioral therapy and alternative treatments. It should be noted that there is not any peer reviewed scientific evidence, yet, of success with "alternative therapies." Even results of behavioral therapy are unclear long-term, and are going to be studied on a well-designed TSA grant possibly starting in 2004.

The "tics" symptoms involving Tourette Syndrome are known to temporarily aggravate with increased stress. Also the tics can wax and wane or come and go through out the patients life. It is also normal for the tics to change and return. Some of the Tourette tics can be suppressed for small periods of

time, however generally return with greater aggravation. It should also be noted that most persons with Tourette Syndrome do not require medication for their tics.

Neurodevelopmental disorders including Tourette Syndrome can have substantial overlap with other disorders. There is a possibility of common co-morbid conditions found in patients with Tourette Syndrome though they are not required for diagnosis. ("co-morbid" means The presence of one or more disorders (or diseases) in addition to a primary disease or disorder.) Examples are Obsessive-Compulsive Disorder OCD, and Attention Deficit Hyperactivity Disorder ADHD.

All of the available information about co-morbid conditions in regard to Tourette Syndrome isn't clear and is considered a complicated subject between clinicians and researchers.

Patients with Tourette's Syndrome who have other conditions as well, may be at increased risk for a whole host of other problems, but many of the problems may not be due to Tourette Syndrome but to other conditions they may have.

Some of the other conditions and/or terms you may find discussed in circles that deal with Tourette Syndrome are: Tourette Syndrome "Plus", Tourette Spectrum Disorder, Anxiety Disorders, Depression Disorders, Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections PANDAS, Sensory Integrative Dysfunction SID, Rage Attacks – Storms, Sleep Disorders, Disinhibition.

There are people with Tourette Syndrome that have no other co-morbid conditions, disorders or problem behaviors. They could be referred to as having "TS-Only." They would meet the minimal DSM criteria for Tourettes Disorder.

One of the less common possible symptoms of Tourettes yet the most highly publicized would be Coprolalia (outburst of obscenities and curse words).

Coprolalia is actually very uncommon in Tourette Syndrome and is not required for a diagnosis.

Any medical doctor M.D. knowledgeable about Tourette Syndrome can diagnose the disorder. This includes pediatricians, psychiatrists, neurologist, geneticists, etc. Non-physicians can also suggest the Tourette diagnosis including psychologists and mental health therapists and even teachers, but only medical doctors M.D.'s can prescribe medications and most insurance companies require an "official diagnosis" by a medical doctor M.D.

How to Define Tourettes Disorder?

The definition of Tourette Syndrome has changed over time and is not fixed from one person or clinician to another. A definition is intended for clarity among clinicians and researchers. One patients or clinicians definition may not not represent a "thing" that you have.

Tourette Syndrome as defined close to the diagnostic criteria (DSM-IV-TR) for Tourette's Disorder

could be "Tourette Syndrome is a neurobiological condition resulting in motor and vocal tics." –
tsnowwhat

Some recognize Tourette's as a spectrum disorder, "...with some people having a few tics and others having tics plus features of other (comorbid) conditions such as obsessions, compulsions, inattention, impulsivity, mood variability."

– Leslie Packer PhD

There are those that feel "...Tourette Syndrome rarely exists in isolation and is part of a global neurological dysfunction, which includes but is not limited to tics, and dysinhibition. Where does one draw the line? Is "this" a symptom of "Tourette Syndrome" or is it part of "ADHD" or "OCD" or, as does it really matter? Tourette Syndrome is... something more akin to "cross wiring" and the reality being that daily function requires one deal with what is thrown at one regardless as to what it is called."

– Colleen Wang, Tourette Spectrum Association Inc.

Here again is also a great perception and explanation of Tourette Syndrome. "Tourette Syndrome is not a disease, it is a syndrome, a cluster of recognizable patterns. There are no tests for it. The diagnosis is by history and observation only, and the boundary is fuzzy. No one has decided how many tics a day are necessary to call it a tic disorder. (Spitting 3 times in school, for example, will probably result in a phone call, whereas 10,000 eye-blinks won't!) Although tics are often described as "rapid" or "sudden," not all are; some tics are "held" or "tonic" movements involving freezing in a position for a few seconds. "Purposeless" is another descriptor, but because many tics are preceded by an uncomfortable feeling to which the tic is a response, this word also isn't very satisfactory. The definition is simply a multiple, changing pattern of tics (not necessarily at the same time) for at least 12 months, including at least one noise-making tic. (There is no requirement for severity or impairment.) You can have TS and function normally."

– Roger D. Freeman, M.D

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Reflecting more than 25 years of research; two of the leading international authorities on Tourette's Syndrome and tic-related, obsessive-compulsive disorders narrate Tourettes this way. "Tourette Syndrome was considered rare and exotic at one time (however now,) Tourette's syndrome is a relatively common childhood-onset disorder defined by persistent motor and vocal tics and frequently associated with obsessions, compulsions, and attentional difficulties."

– James F. Leckman, Donald J. Cohen of the Yale Child Study Center.

As you can read all the above opinions and descriptions vary in definition. Regardless, they will all have similar goals for a Tourette patient. They want a Tourette patient to have the support and information they will need to deal with Tourette Syndrome and or any other disorder they experience. The ultimate goal would be for patients and families to live happy and productive lives with joy to the best of their abilities.

Finally a very important subject to understand is; many people diagnosed with Tourette's Disorder may have a variety of other conditions that they deal with. Nonetheless, Tourette's Disorder is by DSM-IV-TR definition listed under Childhood / Adolescent, Tic Disorders and characterized by involuntary body movements and vocal, outbursts. Though the DSM categorization is under Childhood

/ Adolescent, Tic Disorders, don't misunderstand this categorization, as it is based on age of onset and diagnosis.

Continue to an in depth Diagnostic Criteria here or jump to our Tourette Information pages here.

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Is Dysthymic Disorder a Second-Rate Depression?

By Michael G. Rayel, MD

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Dysthymic Disorder, used to be called Dysthymia, is a low-grade and yet chronic depression characterized by feelings of sadness or depression associated with lack of interest to do things and some physical symptoms such as lack of energy, sleep, and concentration.

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Psychological symptoms such as feelings of hopelessness, helplessness, and worthlessness can also occur. In addition, some patients harbor thoughts of death and feelings of emptiness.

This is a type of clinical depression that is supposed to be "milder" than Major Depressive Disorder (MDD - used to be called Major Depression) because the symptoms don't necessarily happen everyday. Unlike patients who suffer from MDD, Dysthymic patients are not bed-bound, still able to work, and does not appear to be sick. But most of these individuals complain that they haven't felt "normal" or "happy" for a long time.

Moreover, Dysthymic Disorder is manifested by lack of drive and motivation. Hence, relatives and friends tend to misinterpret their mood and behavior. Some patients endure the stigma of being considered "lazy" or not "motivated enough" to do worthwhile goals.

As time passes by, patients with this disorder have difficulty functioning. But because they still appear normal, the illness is not recognized and patients don't get treated early. A lot of times, they are not referred to a psychiatrist.

So is Dysthymic Disorder a second-rate psychiatric disorder? Based on my experience, patients experience considerable emotional turmoil. In fact, some dysthymic patients eventually develop a more serious depression called Major Depressive Disorder. When "double depression" (dysthymic disorder and major depression occurring together) happens, patients are so depressed that they become a threat to themselves and become functionally impaired. At this time, psychiatric hospitalization becomes necessary.

So Dysthymic Disorder is a serious health problem that should be recognized and treated promptly. It is an illness that somehow hides its existence from everyone including clinicians and patients themselves.

What is the treatment? Dysthymic disorder can be treated by antidepressants and psychotherapy. Most patients respond to treatment although some still suffer despite adequate treatment. Also, there are some individuals who only respond minimally. As such, this illness can be more challenging to treat than others.

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2002) psychiatrist, and inventor of Oikos Game: A Personal Development and Emotional Skills Game. For more information, please visit www.oikosgame.com.



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