CPNI
Cyprus Paediatric Neurology Institute
Παιδονευρολογικό Ινστιτούτο Κύπρου

LEAFLET FOR PARENTS AND PATIENTS

Tics and Tourette syndrome in children

Tics are sudden, repeated movements or sounds that a child does not mean to make. They are very common: many children have tics at some point, most often starting between the ages of 5 and 7. Tics often run in families, so a parent, brother, sister or other relative may have, or may have had, tics too. Tics are usually harmless and do not damage the brain. They are not caused by anything you or your child did, and for most children they become milder in the teenage years.

What are tics?

- Motor tics are movements, such as blinking, eye rolling, grimacing, nose twitching, shoulder shrugging or head jerking
- Vocal tics are sounds, such as sniffing, throat clearing, coughing, grunting, or repeating words
- Many children feel an uncomfortable urge or tension just before a tic, which is relieved by doing it
- Tics can be held back for a short time, but this is tiring and the tics often come out more afterwards
- Tics come and go, change over weeks or months, and usually stop during sleep

What is Tourette syndrome?

Tics are very common, but Tourette syndrome is much less common. Tourette syndrome is diagnosed when a child has had several motor tics and at least one vocal tic for more than a year. Most children with Tourette syndrome do not swear involuntarily; this affects only a small minority.

What can make tics better or worse?

- Tics are often worse with stress, worry, excitement, tiredness or illness
- They can increase when someone points them out or asks the child to stop
- They are often less noticeable when your child is relaxed, focused or busy, for example during sport, music or a favourite activity

Conditions that can go with tics

Some children with tics also have ADHD, obsessive-compulsive symptoms, anxiety, or learning or sleep difficulties. These can sometimes cause more problems than the tics themselves, so we look for them carefully and treat them when needed.

How you can help

- Try not to draw attention to the tics, keep asking your child to stop, or tell them off, as this can increase stress and make tics worse
- Reassure your child that tics are not their fault
- Keep regular routines, with good sleep and time to relax
- Try to limit situations that put your child under too much stress or pressure
- Let the school know, so teachers understand that tics are not done on purpose and do not comment on them in front of classmates. Your child may benefit from a quiet place to take a break, or extra time in tests
- Watch for teasing or bullying and deal with it early
- Praise your child's strengths, keep life as normal as possible and encourage your child to carry on with their usual activities

Above all, respond to tics calmly and with understanding, without making them the centre of attention.

Treatment

- ✓ If tics do not affect daily life, schoolwork or wellbeing, medication is usually not needed: explanation and support are often enough
- ✓ If tics are bothersome, behavioural therapy is the first choice, for example habit reversal training or CBIT (Comprehensive Behavioural Intervention for Tics)
- ✓ Medication is sometimes used when tics are very strong or painful, cause distress, or affect daily life, friendships or confidence
- ✓ Any related ADHD, anxiety or obsessive-compulsive symptoms are treated as well

What is the outlook?

For most children, tics improve a lot during the teenage years, and in many they go away completely. In some, tics may continue into adult life.

When to contact a doctor

Please book an appointment if:

- Tics are painful, cause injury, or are very frequent
- Tics affect schoolwork, sleep, friendships or confidence
- Your child seems anxious, low, or has repetitive thoughts or rituals
- You notice problems with attention, concentration or behaviour
- The movements are continuous, happen during sleep, or come with weakness, loss of skills or confusion: please seek medical advice promptly

Keep a tic diary

Noting tics for a week or two helps us see what affects them. A short phone video of the tics is also very helpful, as tics often settle in clinic.

Date	Tics noticed	How strong (0–10)	Where and what was happening	Notes

Contact CPNI

If you are worried about your child's tics, please call our office on +357 22 476 627 to book an appointment, or email cpni2007@gmail.com.

More leaflets and information: www.cpni.com.cy

This leaflet gives general information. It does not replace advice from your child's doctor.

Reviewed by Dr Paola Nicolaides, Consultant Paediatric Neurologist, November 2026.

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