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

PLEASE USE IN CONJUNCTION WITH ACCOMPANYING WRITTEN GUIDELINES.
Scan the QR code or click here: institutemh.org.uk/intend-study

Referral

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

Referral Criteria

If the answer to ANY 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 health screen
- Interview with child/young person and parent/carer
- Assessment of tic frequency, severity and impact
- 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

- **Offer psychoeducation, advice and signposting** to **all** children and young people with tics
- **If there is a treatment need** (if the tics are causing distress, harm, functional impairment, or the child/young person wants support to manage their tics)**:**
  - **Offer behavioural therapy (ERP, HRT or CBIT)** delivered in group or one-to-one format, in-person or remotely, if clinically appropriate.
  - **If behavioural therapy is ineffective, unsuitable, or engagement is limited by tic severity**, offer pharmacotherapy, either alone or in conjunction with behavioural therapy, according to clinical judgement

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 child/young person 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