Robertson M (2016) Tourette syndrome in children and adolescents: aetiology, presentation and treatment. *BJPsych Advances*, 22: 175–175 (doi: 10.1192/apt.bp.114.014092)

DATA SUPPLEMENT

TABLE DS1 The effect of Tourette syndrome on the young person's quality of life (QoL)

Reference	Country	Sample size, <i>n</i>	Schedule/ questionnaire	Results	Factors associated with reduced QoL
Storch <i>et al</i> , 2007	USA	59	Self-report Parent report	QoL lower in Tourette's than in healthy controls; QoL higher in Tourette's than in psychiatric controls	Tic severity; probably also OCB/ OCD and ADHD
Bernard <i>et al</i> , 2009	USA	56	TACQOL	QoL relates primarily to comorbid ADHD and OCD; in ADHD inattentive symptoms associated with lower QoL	ADHD (inattention) Not tics
Cutler <i>et al</i> , 2009	UK	57	Self-report	QoL significantly lower in Tourette's than in healthy controls	Tic severity; ADHD; OCB
Pringsheim <i>et al,</i> 2009	Canada	71	Child Health Questionnaire	Tourette's significantly affected only family activities domain Comorbid ADHD & OCD reduced QoL in all domains	ADHD symptom severity was most important predictor of reduced QoL
Hao <i>et al</i> , 2010	China	1335	PedsQL 4.0	Tourette's scored lower than controls on all	Not stated
Conelea <i>et al</i> , 2011	USA	232	HRQoL	Functional impairment in Tourette's	Tic severity; comorbid psychiatric conditions
Eddy <i>et al</i> , 2011a	UK & Italy	50	YQOL-R	Reduced QoL in Tourette's	Depression; OCD; ADHD Not tic severity
Eddy <i>et al</i> , 2011b	UK & Italy	50	YQOL-R	Reduced QoL in Tourette's	Tic severity; OCD; ADHD
Yi <i>et al</i> , 2011	China	174	Subjective self- report	QoL lower in Tourette's than in healthy controls	OoL negatively related to age, course, symptom severity, total child behavioural problems; positively related to family active-cultural orientation
Cavanna <i>et al</i> , 2013	ltaly	75	C&A-GTS-QOL (self-report) IRS-P (parents)	Tourette's only v. Tourette's+OCD: no group differences; differences for Total & School impairment & Home activities scores	QoL in youngsters with Tourette syndrome is more complex than in adults
Eddy <i>et al,</i> 2012	ltaly	50	YQOL-R	QoL higher in Tourette's only than in Tourette's+OCD and/or ADHD	OCD and/or ADHD: lower scores on Total and Relationship domains; ADHD: lower scores on Self and Relationship domains; OCD: more widespread QoL problems

ADHD, attention-deficit hyperactivity disorder; C&A-GTS-QOL, Gilles de la Tourette Syndrome — Quality of Life Scale for Children and Adolescents; HRQoL, health-related quality of life assessment; IRS-P, Impairment Rating Scale — Parent; OCB, obsessive—compulsive behaviour; OCD, obsessive—compulsive disorder; PedsQL 4.0, Pediatric Quality of Life Inventory, version 4; TACQOL, TNO-AZL (Netherlands Organisation for Applied Scientific Research Academic Medical Centre) Questionnaires for Children's Health-Related Quality of Life; YQOL-R, Youth Quality of Life Instrument — Research Version.

Source: modified and updated from Robertson, 2011, 2012.

TABLE DS2 Comorbid disorders and coexistent psychopathology in young people with Tourette syndrome

	Incidence	Aetiology/possible associations	Comments	Further information
Comorbid disorders				
Attention-deficit hyperactivity disorder	Most common: 21–90%; Mean: 60%	Genetic in a subgroup	Also common in clinic, community and epidemiological studies	Robertson & Eapen, 1992; Walkup <i>et al</i> , 1999; Freeman <i>et al</i> , 2000; Robertson, 2006 <i>a</i>
Obsessive—compulsive behaviours/disorder	Common: 27–32% in clinics	Integral part of Tourette's; share genetic influences	OCB is egosyntonic; OCD is egodystonic	Freeman <i>et al</i> , 2000; Robertson, 2000
Autism spectrum disorders	6–11%	Genetic in a subgroup; also probably non-specific & there may be general neurodevelopmental problems		Robertson, 2011
Self-injurious behaviour	30%	Difficult to treat	Mild SIB related to OCB, severe related to impulsivity; mild & severe related to tic severity	Robertson <i>et al</i> , 1989; Mathews <i>et al</i> , 2004
Non-obscene socially inappropriate behaviour	Common (30-60%)	Possibly related to impulsivity, ADHD or conduct disorder; not related to OCB/OCD	One-third have social difficulties as a result of NOSI	Kurlan <i>et al</i> , 1996
Coexistent psychopathology				
Depression	13–76%	Multifactorial; not genetic	Depression more common in Tourette's than in healthy controls	Robertson, 2006 <i>b</i>
Anxiety	Common (range 19–80%)	Secondary to having Tourette's; some suggest anxiety pre-dates tics		Robertson, 2003
Personality disorders	Common (64%)	Probably related to childhood ADHD, ODD, conduct disorder	Whole spectrum of personality disorders: not restricted to OCPD	Robertson <i>et al</i> , 1997
Dysphoria	Fairly common with almost all antipsychotics	Side-effect of anti-Tourette's medication	May require antidepressant and discontinuation of anti-Tourette's medication	Robertson, 2000, 2003
School phobia/separation anxiety	Not common, but noted	May be side-effect of anti-Tourette's medication	May require treatment and discontinuation of anti-Tourette's medication	Robertson, 2000, 2003
Rage or explosive outbursts	20%	Associated with ADHD, tic severity, lower age at tic onset, prenatal exposure to tobacco		Chen <i>et al</i> , 2013
Sleep problems	Very common: 75%	Night terrors, insomnia, nightmares, sleep-walking, sleep-talking/walking, nocturnal enuresis, bruxism		Robertson <i>et al</i> , 1988
Cognitive dulling/ drowsiness	32% (some studies)	Side-effect of anti-Tourette's medication	Patients on antipsychotics had lower IQ on WAIS/WISC	Robertson <i>et al</i> , 1988, Robertson, 2000
Dyslexia, dyspraxia, reading difficulties	6%			Lees <i>et al</i> , 1984
Schizophrenia	Very rare	Co-occurs by chance		Few isolated case reports
Examinations: IQ (WAIS/WISC) MSE Neurological EEG CT scans		Average IQ: 100 None psychotic Normal in 67% n.a.d. in 63–74% n.a.d. in 97%	Focal dystonia, chorea, mild dysdiadochokinesia, tonic torticollis, spasmodic dysphonia, cavum septum pellucidum cavities (in headbangers)	Lees <i>et al,</i> 1984; Robertso <i>et al,</i> 1988
Total comorbidity and/or psychopathology	88-90%	Mixed	Figures same in clinical and epidemiological studies	Freeman <i>et al</i> , 2000; Khalifa & von Knorring, 2003, 2005

ADHD, attention-deficit hyperactivity disorder; CT, computed tomography; EEG, electroencephalogram; MSE, mental state examination; n.a.d., nothing abnormal detected; NOSI, non-obscene socially inappropriate behaviour; OCB, obsessive—compulsive behaviour; OCD, obsessive—compulsive disorder; OCPD, obsessive—compulsive personality disorder; ODD, oppositional defiant disorder; SIB, self-injurious behaviour; WAIS, Wechsler Adult Intelligence Scale; WISC, Wechsler Intelligence Scale for Children. Source: modified and updated from Robertson, 2011, 2012.

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