



5 P V S F U U F 4 Z O E S P N F J O \$ I J M E I P P E B O E " E P M F . B O B H F N F O U B O E 4 V Q Q P S U

Jessica Pingel*

University of Science and Technology, Houari Boumediene, Pasteur institute of Algeria, Algeria

Introduction Tourette Syndrome (TS) is a neurodevelopmental disorder characterized by motor and vocal tics—sudden, repetitive, and involuntary movements or sounds. Typically, TS manifests in childhood, with symptoms often emerging between the ages of 5 and 10 years old. While tics are the hallmark feature of the disorder, many individuals with TS also experience comorbid conditions such as Obsessive-Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), and anxiety, which can complicate diagnosis and treatment. This article explores the diagnosis, management, and support strategies for children and adolescents with Tourette Syndrome, focusing on early recognition, treatment approaches, and the role of a supportive environment in improving outcomes for young patients [1].

Understanding tourette syndrome: what are tics?

Tics are classified into two main categories:

- x Motor tics: these involve movements and can range from simple (e.g., blinking, facial grimacing, or shoulder shrugging) to complex (e.g., touching objects, jumping, or mimicking actions).

- x Vocal tics: these involve sounds and can also be simple (e.g., grunting, throat clearing, or sniffing) or complex (e.g., repeating words, phrases, or inappropriate language, known as coprolalia).

x

x Stimulants: For children with ADHD and TS, stimulants such as methylphenidate may be prescribed, although some clinicians