

# DSM-5 Tourettes Diagnosis Guidelines

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Tourette's disorder is characterized by multiple motor and one or more vocal tics present at some time during the illness, although not necessarily concurrently. Tics are sudden, rapid, recurrent, non-rhythmic motor movements or vocalizations.

Tourette's disorder was first described by Dr. Georges Gilles de la Tourette in 1885. It is the most well-known of the tic disorders, which also include persistent (chronic) motor or vocal tic disorder and provisional tic disorder.

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## Diagnostic criteria

### Tourette's disorder - F95.2

- **Criterion A:** Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently.
- **Criterion B:** The tics may wax and wane in frequency but have persisted for more than 1 year since first tic onset.
- **Criterion C:** Onset is before age 18 years.
- **Criterion D:** The disturbance is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., Huntington's disease, post-viral encephalitis).

### Persistent (chronic) motor or vocal tic disorder - F95.1

- **Criterion A:** Single or multiple motor or vocal tics have been present during the illness, but not both motor and vocal.
- **Criterion B:** The tics may wax and wane in frequency but have persisted for more than 1 year since first tic onset.
- **Criterion C:** Onset is before age 18 years.
- **Criterion D:** The disturbance is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., Huntington's disease, post-viral encephalitis).
- **Criterion E:** Criteria have never been met for Tourette's disorder.
- **Specifiers:**
  - With motor tics only
  - With vocal tics only

### Provisional tic disorder - F95.0

- **Criterion A:** Single or multiple motor and/or vocal tics.
- **Criterion B:** The tics have been present for less than 1 year since first tic onset.
- **Criterion C:** Onset is before age 18 years.
- **Criterion D:** The disturbance is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., Huntington's disease, post-viral encephalitis).
- **Criterion E:** Criteria have never been met for Tourette's disorder or persistent (chronic) motor or vocal tic disorder.

## Diagnosis hierarchy

Tic disorders are hierarchical. Once a tic disorder at one level is diagnosed, a lower hierarchy diagnosis cannot be made.

1. Tourette's disorder (highest)
  2. Persistent motor or vocal tic disorder
  3. Provisional tic disorder
  4. Other specified and unspecified tic disorders (lowest)
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## Differential diagnosis

- Substance-induced tics (e.g., cocaine) Abnormal
  - movements in other medical conditions:
    - Stereotypic movement disorder
    - Chorea
    - Dystonia
    - Myoclonus
  - Obsessive-compulsive disorder (OCD)
  - Conversion disorder
  - Medication or substance-induced and paroxysmal dyskinesias
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## Epidemiology and prognosis

- **Prevalence:** Approximately 0.5%.
  - **Gender ratio:** Affects males more than females (4:1).
  - **Prognosis:** Tic severity peaks by age 11, with gradual improvement for most individuals (80%).
  - **Comorbidity:** High rates of co-occurring OCD (35%) and ADHD (50%), among other conditions.
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## Glossary

- **Coprolalia:** Involuntary swearing or uttering of obscene words.
- **Copropraxia:** Involuntary execution of obscene gestures
- **Echopraxia:** Involuntary imitation of movements
- **Vocal tics:** Sounds produced by the vocal cords. Examples: grunting, sniffing.
- **Motor tics:** Involuntary movements. Examples: eye blinking, head jerking.
- **Simple tics:** Short duration (milliseconds). Examples: eye blinking, shoulder shrugging, throat clearing.
- **Complex tics:** Longer duration (seconds). Examples: simultaneous head turning and shoulder shrugging, echopraxia, copropraxia.

## **Additional notes**

Hey team, a few quick reminders about diagnosing Tourette's based on the DSM-5 guidelines:

**Multiple Motor and Vocal Tics:** Remember, both need to be present at some point, but not necessarily at the same time. Don't forget to ask about any past vocal tics if the patient is only showing motor tics during the visit.

**Duration:** The tics need to have been present for more than a year. Be sure to get a good history to track the onset and duration accurately.

**Age of Onset:** The symptoms must start before age 18. If they're older, consider other diagnoses.

**Substances and Other Conditions:** Rule out tics caused by substances or other medical conditions like Huntington's disease or post-viral encephalitis. It's a crucial step to avoid misdiagnosis.

**Hierarchy of Diagnoses:** If Tourette's is diagnosed, you can't diagnose a lower hierarchy tic disorder. For example, don't diagnose chronic motor or vocal tic disorder if they meet criteria for Tourette's.

**Common Comorbidities:** Keep an eye out for OCD and ADHD. They're often present with Tourette's and can complicate the clinical picture.

**Coprolalia and Copropraxia:** These are not necessary for a Tourette's diagnosis but are important to note if present. They can significantly impact the patient's social and emotional well-being.

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***Reminder: This handout provides a concise overview for quick reference. For detailed diagnostic and treatment guidelines, consult the DSM-5-TR directly.***

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (5th ed.). American Psychiatric Association Publishing.