

## TIC DISORDER AND TOURETTE SYNDROME DIAGNOSTIC ASSESSMENTS:

### INFORMATION ON THE ASSESSMENT PROCESS FOR PATIENTS

Our assessment and diagnosis process follows best practice guidelines of the European Society for the Study of Tourette Syndrome (ESSTS) (Szejko, 2021). Most Tourette Syndrome (TS) specialists in the UK follow the European guidelines as the UK National Institute of Clinical Excellence has not yet developed guidance on TS. To assess and diagnose Tourette Syndrome (TS) in young people or adults information about the symptoms is gathered from various sources. It is important to have the perspective of the patient as well as others significant in their life ('informants'). As TS is considered a 'neurodevelopmental' condition, the symptoms must have started in childhood. It is for this reason that we ask to speak to a parent if possible. In the case of adults, it is also helpful to speak to a partner or friend who knows the patient well and can comment on their symptoms now. If it is not possible to involve an informant live in the interview, then contact can be made by email and questionnaires completed instead. Patients should have had other medical causes for their tics screened out prior to coming to us. This could be with a GP or neurologist, or in the case of children and young people a paediatrician.

The psychological assessment process can take place in person, remotely by video call, or a combination of both. The assessment and diagnosis comprise the elements below:

1. Questionnaires are sent out to the patient and informants and completed by email.
2. Video of the patient to be collected by a parent or other informant (with patient's permission) lasting 5 to 15 minutes of the full range of the patient's tics.
3. Clinical Interview. This usually lasts 60 minutes. If it is a young person being assessed this would include the parents as well.
4. Structured Diagnostic Interview. 1-2 hours. Ideally, this would include an informant.
5. Feedback meeting 30 minutes. We will present our findings in the form of a written report. Amendments can be made before the report is finalised.
6. The final report is sent out to the patient and any other health professionals involved (with written consent).

Please note: if someone has multiple complex difficulties then further assessment sessions and/or liaison with other professionals or informants may be recommended. This will always be discussed with the patient first. For example, a patient may present with symptoms of an additional neurodevelopmental disorder such as Autistic Spectrum Disorder or ADHD, or they may seek a formal diagnosis for a mental health problem such as OCD. These other investigations will incur an additional cost to be negotiated with the patient. We do not prescribe medication and if you require this, we can put you in touch with a Consultant Psychiatrist, Paediatrician or Paediatric Neurologist who are able to prescribe medication for TS.

Szejko, N., Robinson, S., Hartmann, A., Ganos, C., Debes, N. M., Skov, L., ... & Cath, D. C. (2021). European clinical guidelines for Tourette syndrome and other tic disorders—version 2.0. Part I: assessment. *European Child & Adolescent Psychiatry*, 31(3), 383-402.