

ABSTRACT

Sudden Disappearance of Tics in Tourette Syndrome Associated with Sudden Onset Mania

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Depression is common in Tourette patients. Early age onset depression increases the risk of manic phase bipolar disorder, as does family history of bipolar disease and occasionally exposure to tricyclic agents. Tardive dystonia and dyskinesia have been associated with amelioration during mania and aggravation with depression (Cutler et al N Eng J Med, 1981; Lal et al Biol Psychiatry, 1988). Bipolar disorder may occur in Tourette patients (Kerbeshian & Burd, Neurosci Biobehav Rev, 1988).

We report here a 17-year-old male with family history bipolarity, depression, anxiety and obsessive-compulsive symptom, but none known for tic. Onset of simple and complex motor tics occurred at age 11 years with simple and complex phonic tics two years later, shortly followed by anxiety, depression, obsessive-compulsive disorder (YBOCS 18) and subsequent self-injurious behavior reasonably managed with pimozide and clomipramine in low dose. Within one month of his 17th birthday and 18 months of the above medication, he became without injury, illness, or emotional trauma, increasingly agitated, hypervigilant, and hypervocal with illusions of omnipotence and discontinued his medication as "unnecessary." Tic scores fell from an average of 160 per week to 0 on the Yale Tic Rating Scale. Subsequent use of carbamazepine lowered mood with a resumption of tic manifestations. Patient noncompliance prohibited 24 hour urine catecholamine determination. What neurochemical or neurophysiologic property of mania blocked the tic phenomena is unclear, but its elucidation may provide insights into the pathogenesis and treatment of tic disorders.

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