• Parental influence on child’s mental health/ neurodevelopmental problems can be passive or active (Bolhuis et al., 2021)
• Vulnerability factors for functional symptoms includes history of anxiety disorders and/or neurodevelopmental disorders (Han et al., 2022).
• We are interested in the influence of genetic loading in young people with functional tics compared to classic tics

Classic tics/Tourette’s syndrome
- Functional tics
  - Male > female 4:1
  - Age of onset 4-6 y/o
  - Onset usually gradual, occurring at a young age and decreasing
  - Tic severity often responds to tic medication/behavioural therapy
  - Rarely remit suddenly
  - Waxing and waning pattern
  - Associated with increased stress/recent events

Functional tic group
- Mean age 14.3 y/o (SD=2)
- Males 12.9%, females 87.1% and other 1.1%
- White British 66.1%, not specified 17.7%, and other ethnic backgrounds 16.2%

Tourette’s syndrome group
- Mean age 11.5 y/o (SD=2.6)
- Males 73% and females 27%
- White British 50.8%, not specified 36.5%, and other ethnic backgrounds 12.7%

There is a difference in genetic loading of functional tics and Tourette’s syndrome. Functional tics:
- Marker for neurodevelopmental and psychiatric problems
- Associated with more psychiatric comorbidities

Tourette’s syndrome:
- Associated with more neurodevelopmental comorbidities

Limitations:
- Unable to investigate environmental influence and link between parent & child diagnosis, particularly anxiety (Crosby et al., 2012)
- Limited sample size
- Would like to explore in the future with larger (international) sample

To share your thoughts, email: Morvwyn.Duncan@GOSH.NHS.UK

REFERENCES

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