Median nerve stimulation for Tourette syndrome is well tolerated. Some patients have dramatic improvement. The mechanism of improvement is unclear.

METHODS

- **TS, age 15-64, N = 32.** Two MNS visits, 1 rhythmic, 1 arrhythmic, random order, both at 12Hz, no EEG produced for arrhythmic.
- **Subjects & staff blind to order; video raters also blind to block order and to stimulation on vs. off**

RESULTS

- **Discomfort was rated none or minimal on 50 of 64 visits**
- **Masking was effective**

<table>
<thead>
<tr>
<th>CGI Efficacy Index (participant) Rhythmic</th>
<th><strong>Visit 1</strong></th>
<th><strong>Visit 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CGI-I Participant Rating</td>
<td>2.7 ± 1.0</td>
<td>2.5 ± 1.2</td>
</tr>
<tr>
<td>CGI-I Investigator Rating</td>
<td>2.4 ± 0.9</td>
<td>2.6 ± 1.0</td>
</tr>
</tbody>
</table>

2 = Much improved, 3 = Minimally improved

DISCUSSION

- **MNS appears to be well tolerated.**
- **Some participants had remarkable symptom improvement.**
- **Rhythmic stimulation does NOT outperform arrhythmic stimulation.** Thus, induction of mu-band EEG power in primary motor cortex is unlikely to explain any benefits of MNS on tics.