MOVEMENT DISORDERS REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 92 CAMPUS DRIVE, SUITE B, SCARBOROUGH, ME • (207) 883-1414

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Chorea or uncontrollable continuous movement

Myoclonus or startling that is associated with impairment of consciousness or that which is associated with opsoclonus (abnormal eye movements)

Dystonia or prolonged contractures of muscle groups

Dyskinesia or sudden and periodic onset of uncontrollable movements that may either be dystonic or dyskinetic and potentially precipitated by movement

Any repetitive movement that is associated with a change in mental status

SUGGESTED PREVISIT WORKUP

Consider obtaining video of abnormal movements if present during the exam

Discuss with neurologist over phone about case to review video

Depending on scenario, will consider MRI scan prior to appointment vs possible EEG if concerned for seizures

If clearly chorea, check throat culture and ASO titers.

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Recurrent and long-standing tics that are motor or phonic in nature

May include facial grimacing, repetitive eye rolling or blinking, nose-wiggling, jaw opening, shoulder shrugging, head turning/bending, lip-licking, sniffing, throat clearing, grunting, or habit cough

May be complicated by symptoms of OCD, ADHD, rage attacks

If present for close to a year or longer, more likely to be representative of Tourette Syndrome

Tremor: most commonly is physiologic, essential or medication induced

SUGGESTED WORKUP

If acute onset and associated with severely restricted food intake, “lightning like” onset of OCD, deterioration in handwriting, abnormal mental status, developmental regression, consider auto-immune evaluation

If physical or psychological pain present because of tics, may need to consider medication intervention

If tremor co-occurring with ataxia, bradykinesia, or weakness, this may be representative of more significant pathology

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Transient and simple motor tics in a young child who is not physically bothered by them

Stereotypies such as hand-wringing or arm flapping in an otherwise normally developing child

If stereotypies present in a child with concerns for autism, consider referral to developmental and behavioral pediatrics, see autism guideline

SUGGESTED MANAGEMENT

Reassurance to parents is typically all that is required for simple and transient tics or stereotypies in the young child who is otherwise typically developing

CLINICAL PEARLS

- Limited research suggests that magnesium and B6 supplementation may be of benefit in reduction of tics.
- Omega-III fatty acid supplementation is known to be helpful in ADHD, a common co-morbidity to tics.
- Iron supplementation may be helpful if a child has symptoms of restless leg syndrome, a similar “urge and release” neurological phenomenon to tics.
- Parental video of movements and tics in question is extremely helpful for both the pediatrician and the neurologist.
- Generally, younger children are not typically bothered by tics and do not usually require intervention.
- Habit reversal therapy can be considered as a form of cognitive behavioral therapy if the child is advanced enough to understand it (usually ~age 10).
- Counsel parents to avoid reprimanding children with tics. Fear, excitement, anxiety, stress, fatigue, and intercurrent illness all can transiently worsen tics.

Maine Medical PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

V1.1 7/21