

A Review of on Habit Reversal Therapy for Tics and habit disorders.

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Abstract

Repetitive behavior disorders, including tic and habit disorders, are thought to be relatively common among children and adolescents. Tic disorders are characterized by repetitive, sudden movements and vocalizations that are seemingly purposeless in nature like trichotillomania, skin picking, nail biting, thumb sucking, and cheek chewing. These habits can be significant treated by habit reversible therapy.

Keyword- Training Skin Picking, Repetitive behavior disorders, trichotillomania, nail biting, thumb sucking, and cheek chewing, habit and tic.

Introduction

Habit and tic are common in children like skin picking, bruxism, hair pulling (trichotillomania). Another frequent childhood occurrence are tics. These are rapid and repeated involuntary movements. Most often of the face or neck, that child unaware and unable to control they can include eyeblinking, shoulder shrugging, grimes sniffing, neck twisting, grunts and throat cleaning. As a result of excessive occurrence, habit disorder in children may cause social distress as well as physical damage in this article we briefly review tics and habit disorder seen in children next we will describe treatment for habit reversal that appears to be effective with children and adults.

1. Tic disorder- It is common symptom in childhood. Tics are brief, nonpurposeful movements such as head nodding, eye blinking, facial grimaces, or involuntary noises. Tics typically present from 5 to 10 years of age but have been described in toddlers.

a. Simple tic disorder- The most common presentation of tics. This is single tic type that may be present for short time and then disappears. Often a child with a simple tic may have recurrences of that tic at certain times, such as at the beginning of the school year. These are sudden and fleeting tics using few muscle groups like that nose twitching, eye darting or throat clearing.

b. Chronic tic disorder (tourette syndrome)- Characterized by multiple and vocal tics that have

been persistent for at least 12 month. The tics typically fluctuate over time and may worsen as a result of medications or stress. In addition to tics, patient with chronic tic disorder have a high frequency of coexistent conditions such as attention deficit hyperactivity disorder, learning disability, and obsessive-compulsive disorder.

2. Habit disorders- Childhood habits appear in different forms. Many people engage in some degree of habit-like behaviour in their lifetime. For example, habits can range from seemingly benign behaviours, such as nail biting or foot tapping, to more noticeable physically damaging behaviours, such as teeth grinding (bruxism) or hair pulling.

Types-

a. Nail biting is a common stress-relieving habit. It includes biting the cuticle and soft tissue surrounding nail and also nails. It is the most common among 'nervous' habits that include thumb sucking, nose picking, hair twisting. Although seen most commonly in school age children, it is frequent in all age. Nail biting increases the risk for infections around the nail.

b. Rhythmic head banging or rocking in early life can persist without parental reinforcement, occurring when the child is alone. These movements seem to provide a kind of sensory solace for the child who is otherwise uncared or understimulated by human touch or interaction. Such patterns are often seen in mentally retarded or child suffering from maternal or emotional deprivation.

c. teeth grinding or bruxism- results from tension originating in unexpressed anger or resentment. It may create problems in dental occlusion. Helping the child to find ways to express resentment may relieve the problem.

d. thumbsucking is normal in early infancy. It makes the older child appear immature and may interfere with normal alignment of teeth. Like any other rhythmic patterns, it can be seen as a way of securing extra self-nurturance. Parents should ignore the symptom if possible, while giving attention to more positive aspects of child's behaviour. The child who actively tries to restrain thumb sucking should be given praise and encouragement.

Management :

Although there is no specific management is required for tics disorder & habit disorder, socially distressing habits may require

- 1) Parental counseling to ignore the symptom & need for open communication with the child .
- 2) Behavioral modification with positive reinforcement
- 3) Rarely drugs e.g. haloperidol in resistant tics.

Conclusion:

Now a days habit disorders are a major problem in pediatric clinical practice, there are many number of cases being registered of tics, skin

picking, bruxism, hair pulling etc . so In such conditions Parental counseling to ignore the symptom, Behavioral modification with positive reinforcement is necessary . Efforts should be made to communicate the child properly .

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