



## Orofacial function of persons having Tourette syndrome

Report from questionnaires



0 questionnaires

### Synonym

**ICD-10** F95.2

**Estimated occurrence** 20-40:100,000 inhabitants.

**General symptoms** TS is characterized by physical and vocal tics. Other problems that may appear in TS include hyperactivity, concentration difficulties, poor motor skills, compulsive behaviour and problems associated with empathy. There is sometimes overlap between TS and other diagnoses such as ADHD (Attention Deficit Hyperactivity Disorder) and OCD (Obsessive Compulsive Disorder). As a rule, the symptoms present before the age of 18.

**Oral symptoms** There is no specific odontological problem complex. Oral motor difficulties including chewing problems, speech difficulties and drooling may occur. Tooth grinding is relatively common.

**Oral treatment**

- Speech difficulties and oral motor problems are treated by a speech therapist.
- Tooth grinding should be followed up and, when necessary, treated with a splint.

**Sources** The MHC database Dokumentation-Ågrenska

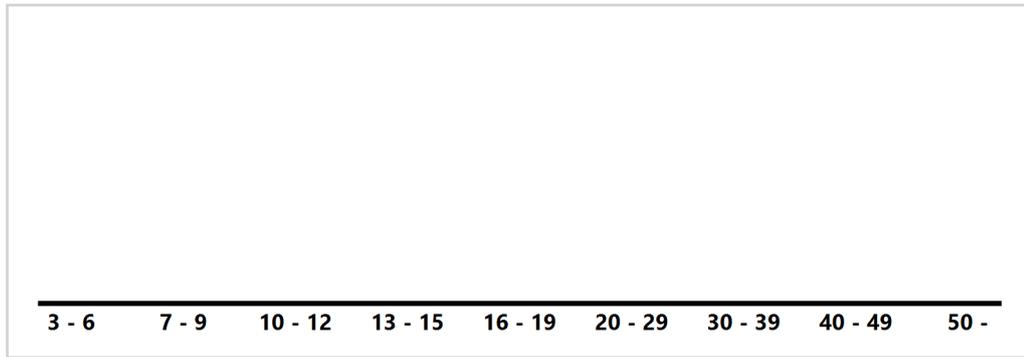
## Age distribution

Number: 0

Ages: -

♂ (0)

♀ (0)



## Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	0	0	0
Other cardiovascular disease	0	0	0
Epilepsy	0	0	0
Asthma	0	0	0
Need of respiratory support	0	0	0
Allergy	0	0	0

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	0	0	0
Autism (Includes autism, Asperger syndrome and autistic traits)	0	0	0

General disability	Yes	No	Missing data
Intellectual disability	0	0	0
Motoric functional impairment	0	0	0
Visual impairment	0	0	0
Hearing loss	0	0	0
Communication difficulties	0	0	0

## About dental care and oral health

**Do you feel that you receive the dental care you need?      Number**  

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**Total:**

**How many times per year do you normally seek dental care?      Number**  

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**Total:**

**When were your teeth last X-rayed?      Number**  

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**Total:**

**Do you look after your teeth in a good way?      Number**  

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**Total:**

**Who brushes your teeth?      Number**  

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**Total:**

**How often are your teeth brushed?      Number**  

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**Total:**

## About dental care and oral health

	Yes	No	Missing data
<b>Does your mouth hurt?</b>	0	0	0
<b>Does your mouth feel dry?</b>	0	0	0
<b>Have you ever taken a serious hit to your permanent front teeth?</b>	0	0	0
<b>Do you feel that you have a divergent bite?</b>	0	0	0
<b>Have you had a brace?</b>	0	0	0
<b>Do you feel that you need orthodontics/a brace?</b>	0	0	0

<b>Do you grind or press your teeth at night?</b>	<b>Number</b>
<b>Total:</b>	

<b>Do you grind or press your teeth during the day?</b>	<b>Number</b>
<b>Total:</b>	

## About eating

No Data Available

**Do you have any problems with eating?**      **Number**

● Missing data      0

**Total:**      **0**

	Yes	No	Missing data
<b>Do you cough daily in connection with meals?</b>	0	0	0
<b>Do you gag daily in connection with meals?</b>	0	0	0
<b>Do you get acid reflux daily?</b>	0	0	0
<b>Do you throw up often (at least twice per week)?</b>	0	0	0
<b>Do you have a poor appetite?</b>	0	0	0
<b>Does it take a long time before you can swallow a mouthful?</b>	0	0	0
<b>Do you press your tongue forward when you swallow so that food ends up outside the mouth?</b>	0	0	0
<b>Do you find it difficult to chew, i.e. grind food using your molars?</b>	0	0	0
<b>Do you find it difficult to take food from the spoon using your lips?</b>	0	0	0
<b>Have you had problems with food and drink leaking out through the corners of your mouth?</b>	0	0	0
<b>Does food tend to remain in your mouth after meals?</b>	0	0	0
<b>Do you get nutrition in any other way than through your mouth?</b>	0	0	0

## About drooling

<b>Do you drool?</b>	<b>Number</b>
<b>Missing data</b>	0
<b>Total:</b>	<b>0</b>

<b>How much do you drool?</b>	<b>Number</b>
<b>Total:</b>	

<b>Is your drooling a problem for you?</b>	<b>Number</b>
<b>Total:</b>	

<b>Is your drooling a problem for your family or people around you?</b>	<b>Number</b>
<b>Total:</b>	