

# Sleep disorders in Tourette's Syndrome: two clinical cases

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## Introduction

Tourette Syndrome (TS) is a rare disorder characterized by motor and vocal tics with a worldwide prevalence of 0.9%. The authors present two relevant clinical cases due to the rarity of this syndrome and the need to draw attention to the prevalence of associated sleep disorders and the importance of diagnosis.

## Clinical Case 1

Male, 21 years old, diagnosed with TS, complaints of daytime sleepiness and snoring, without witnessed apneas or sleep fragmentation. Mentions perceptible sleep talking that occur mainly at the beginning of the night. A level 2 polysomnography was performed that showed a high sleep efficiency. The arousal index was 31.8, most of them related to respiratory events. The overall RDI was 57.8/h and the PLMS index was 3.2. There were some periods of REM sleep without atonia. The electroencephalogram (EEG) was normal. Non-invasive ventilation with autoCPAP was started with improvement of daytime sleepiness.

## Clinical Case 2

Male, 19 years old, diagnosed with TS (under lower doses of clonidine, risperidone, and escitalopram), complaints of drowsiness and since childhood he needs to sleep an average of 10 hours/night. He also complains about unrefreshing sleep and inertia upon waking up. Mentions the need to take 2-3 hours naps at the weekend, which are not restorative. He has involuntary nocturnal movements, sleep talking and also had occasional sleepwalking episodes in the past. A level 1 polysomnography was performed and it showed a reduced sleep efficiency with an arousal of 21.2, two abrupt arousals from deep slow wave sleep and an overall RDI of 14.2. There were some periods of snoring associated with desaturation. Currently waiting mandibular advancement device to treat obstructive events. In this case withdrawal of clonidine helped decreasing sleep fragmentation, which reduced hypersomnolence.

## Conclusion

Patients with TS have higher risk of sleep disorders, with some studies suggesting an increased incidence of parasomnias. [1] Tourette's tics can lead to sleep disruption and the increase of arousals, exacerbating parasomnias and inducing somnolence during the day. The treatment of comorbidities that can worsen sleep quality is essential, like underlying obstructive sleep apnea. [2]

## References

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