Symposium | Nurodevelopmental disorder：[Symposium 106] Oral Splint Therapy for Tourette Syndrome: Bridging Dentistry and Psychiatry

Sun. Sep 28, 2025 2:50 PM - 4:20 PM JST | Sun. Sep 28, 2025 5:50 AM - 7:20 AM UTC Session Room 7 (Conference Room C)

[Symposium 106] Oral Splint Therapy for Tourette Syndrome: Bridging Dentistry and Psychiatry

Moderator: Yuki Oda (Hiroshima Oral Health Center)

[SY-106-02] Oral splint therapy for Tourette syndrome in Segawa Memorial Neurological Clinic for Children

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Keywords：Tourette syndrome、oral splint therapy、phonic tic、YGTSS-J、PUTS

Background : Oral splint therapy for Tourette Syndrome (TS) is considered a breaking treatment because of no internal side effects like medications. We have begun research of with Osaka University Dental Hospital and Nihon University School of Dentistry. This study was approved by ethic committee of clinic (SMNCC20-03R2). Subjects : Five cases of TS were participated and two cases were ineligible due to dental caries. Clinical course, Yale Global Tic Severity Scale-Japan (YGTSSJ), Premonitory Urges for Tic Disorders Scale (PUTS), obsessive-compulsive and anxiety scale were also evaluated. Inclusion criteria: ①patients who could visit regularly. ② with severe phonic tics. ③ over 14 year-old. ④without dental caries. Informed consent was obtained. Results: Patients were 18F, 14F, 15F (second tried), 21F, 19M. YGTSSJ : Pre. Motor (M) 12.4 ± 5.2 (19–5), Phonic (p)12.0 ± 3.8 (18–5), Impairment (I) 26 ± 7.3 (40–20), Total (T) 50.4 ± 11.2 (67–36). Post 1 mo. M 12.2 ± 4.2 (18-5), P 10.8 ± 3.3 (18-8), I 20.0 ± 8.9 (30-10), T 39.0 ± 16.3 (66-19) . Post 2 mo. M 11.6±2.4 (16-9) P 10.0±2.3 (16-9) I 17.5±7.4 (30-10) T 39.3±8.5 (53-29). PUTS : Pre 19.4±5.7 (27-12). Post 1 mo.17.3 ± 6.0 (27-11). Post 2 mo.22.3 ± 5.7 (27-13). Although with minimum change in scores, 4 reported high satisfaction at 1 month after. However, satisfaction decreased in 2 months. Anxiety improved mildly in one case. During this study, 8 cases were referred to the dentist with conditions such as glossitis, stomatitis, and bruxism, not for oral splint. Discussion : Oral splint therapy is still in verification, although the number was small and temporary research, it expressed somewhat effective. TS patients who resistant to medication and behavioral intervention might be applied oral splint therapy for short-term relief.