treated over 20 years ago). Numbers of different drugs tried ranged from only 1 so far (77 patients) to a series of 8 (1 patient). The proportion of patients still being followed up on their latest treatment or having been discharged still on the treatment varied from 69% for 1 drug only to 80-90% for 2nd to 4th treatment choice and was 100% for the single patient who had reached an 8th option. This patient had a particularly high Yale Global Tic Severity Score (YGTSS) at first assessment at our clinic, but there was no significant correlation between YGTSS and number of different drugs tried for the other patients.

Conclusion Using only this proxy assessment of the success of using serial drugs for tics in TS ie, without any objective or prospective measure, it appears that where high numbers of successive agents are used it is still possible for the final option selected to be successful, at least in the short or medium term. The more relevant observation for many patients is that usage of several drugs over the course of medical supervision is not uncommon, illustrating the long-term unreliability of drugs including those showing success in clinical trials.

030 SERIAL DRUG USAGE FOR TICS IN TOURETTE SYNDROME – WHEN TO GIVE UP?

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Objective Clinicians recognise that pharmacological treatment with any given drug for tics is variable in efficacy between patients. The level of evidence-based medicine for agents in use is sometimes low and generally does not demonstrate long-term effectiveness. It is common to serially try reasonable options as seems appropriate. The success of this strategy has not been previously examined.

Method 272 sets of notes of children and adults with Tourette Syndrome (TS) seen in a specialist clinic were retrospectively reviewed in terms of their drug histories and outcome at last outpatient review. Continuing prescription of the last tried drug was used as proxy evidence of ongoing beneficial effect, as opposed to those patients no longer taking medication.

Results 172 patients had been prescribed drugs for tics either previously by other clinicians or under our supervision. The most commonly used drugs tried over the whole history of the patients were aripiprazole, clonidine, sulpiride, risperidone and the "older" option haloperidol (some patients had first been