SYMPTOM

Facial tics

Facial tics are repeated, hard-to-control movements such as blinking, twitching, or grimacing.

WHAT IT FEELS LIKE
An urge followed by repeated blinking, twitching, or grimacing

WHERE IT IS FELT
Eyes, eyebrows, nose, mouth, cheeks, or jaw

MOST COMMON CAUSES
Temporary childhood tics, stress-related worsening, persistent tic disorders

WHEN IT IS URGENT
Sudden facial droop, limb weakness, or trouble speaking

USUALLY LASTS
Seconds at a time; overall course depends on the cause

SEE A DOCTOR IF
Recurring for weeks, worsening, painful, or disrupting daily life

Overview

A facial tic is a sudden, repeated movement that is difficult to control. Examples include frequent blinking, nose wrinkling, eye rolling, mouth movements, or grimacing. Tics are usually brief and may happen many times in a row.

Some people feel a building pressure, itch, or urge before a tic. Making the movement may bring brief relief. A tic can sometimes be held back for a short time, but doing so may feel uncomfortable. This does not mean the movement is deliberate.

Facial tics are especially common as part of tic disorders that begin during childhood. They may come and go, change in type, or become more noticeable during stress, tiredness, illness, or excitement. Not every facial movement is a tic, however. Eyelid twitching, muscle spasms, medication-related movements, and some neurological conditions can look similar.

What it may feel or look like

A simple facial tic involves one movement or a small group of muscles. It may look like:

More complex tics involve a sequence of movements, such as touching the face while grimacing. Some people also have vocal tics, including sniffing, throat-clearing, squeaking, or repeating sounds.

Tics are usually irregular rather than steady or rhythmic. They often change over time. One movement may disappear and another may take its place.

A fine flutter in one eyelid is often eyelid twitching, also called eyelid myokymia, rather than a tic. A repeated spasm affecting one whole side of the face may also have another cause, such as hemifacial spasm.

- Rapid or forceful blinking
- Raising the eyebrows
- Rolling or widening the eyes
- Wrinkling the nose
- Twitching the cheek
- Opening the mouth or moving the jaw
- Grimacing or licking the lips

Common causes

Temporary childhood tics often appear during the early school years. A child may blink, grimace, or make another repeated movement for weeks or months before it fades. These tics are not caused by poor parenting or by the child seeking attention.

Persistent tic disorders cause motor tics, vocal tics, or both over a longer period. Tourette syndrome is one type of tic disorder involving both motor and vocal tics. A facial tic by itself does not mean someone has Tourette syndrome.

Stress, excitement, tiredness, and lack of sleep can make existing tics more noticeable. Focusing attention on the movement may also increase it. These factors usually affect the intensity of a tic rather than being its underlying cause.

Less commonly, tic-like movements may be associated with a medicine or substance, another movement disorder, a previous brain injury, or a functional neurological disorder. Functional symptoms are real symptoms caused by changes in how brain networks work, rather than damage seen on a scan.

Movements of the lips, tongue, or jaw can occasionally be a side effect of medicines that affect dopamine, a brain chemical involved in movement. Do not stop a prescribed medicine

suddenly. Ask the prescriber to review any new or worsening movement.

When to seek medical care

Call emergency services if a facial change starts suddenly with:

These are not typical features of a simple tic and can be signs of a stroke or another emergency.

Seek same-day medical advice if new facial movements follow a head injury or occur with fever, confusion, severe muscle stiffness, difficulty swallowing, or breathing problems. Prompt advice is also appropriate if the movements began soon after starting or changing a medicine.

Book a routine appointment if the movements keep returning for several weeks, are getting worse, or cause pain, injury, embarrassment, or problems with sleep, school, work, or relationships. New tic-like movements beginning in adulthood should also be assessed, particularly if there are other neurological symptoms.

- Drooping or weakness on one side of the face
- Weakness or numbness in an arm or leg
- Trouble speaking, understanding speech, seeing, or walking
- A sudden severe headache
- Loss of consciousness or a prolonged seizure

How the cause is found

A healthcare professional will ask when the movements began, how often they happen, and whether you feel an urge beforehand. They may ask whether the movement can be briefly suppressed and whether there are vocal tics or other repeated movements.

It helps to describe medicines, caffeine or stimulant use, sleep, recent illness, and any family history of tics. A short video recorded in a safe setting can be useful because a tic may not happen during the appointment.

The examination usually checks facial strength, sensation, eye movements, coordination, and the pattern of the movements. Most typical tics are identified from the history and examination. Brain scans, blood tests, or an electroencephalogram, which records the brain's electrical activity, are not routinely needed. Tests may be considered if the pattern is unusual or another condition is suspected.

Treatment and self-care

Mild tics that are not causing distress may only need reassurance and monitoring. Repeatedly telling someone to stop can increase tension and make the tic more noticeable.

Regular sleep, planned breaks, and reducing avoidable stress may help if these are clear triggers. Limiting excess caffeine may reduce eyelid twitching or restlessness, although it does not treat an underlying tic disorder.

For troublesome tics, a structured behavioural treatment may help. Comprehensive Behavioral Intervention for Tics, or CBIT, teaches awareness of the urge, an alternative response, and ways to manage triggers. It does not blame the person for having tics.

Medication may be considered when tics cause pain, injury, or major disruption. The choice depends on the symptoms, other health conditions, and possible side effects. A specialist may sometimes use botulinum toxin injections for a severe tic affecting one small area.

What to expect

Tics often wax and wane, meaning they become stronger and weaker over time. Their location and appearance may also change. A temporary increase does not necessarily mean the underlying condition is getting worse.

Many childhood tics improve greatly during adolescence, although some continue into adulthood. Others remain mild and manageable. The outlook depends on the cause, how much the tics interfere with daily life, and whether concerns such as anxiety, attention difficulties, or obsessive-compulsive symptoms are also present.

Common questions

Can a facial tic be controlled?

It may be possible to suppress a tic briefly, especially when concentrating. This can cause discomfort or a stronger urge afterward. Tics are not simply a habit that someone can choose to stop.

Does a facial tic mean Tourette syndrome?

No. Tourette syndrome involves both motor and vocal tics over a prolonged period, with onset during childhood or adolescence. A single facial tic has several possible explanations.

Can screens cause facial tics?

Screens are not an established direct cause of tic disorders. Long periods of screen use may contribute to tiredness, stress, dry eyes, or eye strain, which can increase blinking or eyelid twitching.

Should I try to stop a child's tic?

Avoid punishment, criticism, or repeatedly drawing attention to it. If the tic is persistent, distressing, painful, or affecting daily activities, arrange a medical assessment.

Sources

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- National Institute for Health and Care Excellence. Suspected neurological conditions: recognition and referral, guideline NG127