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Abstract

This review summarizes motor stereotypies in terms of diagnosis, description, prevalence, pathophysiology and management. Stereotypies are fixed and chronic movements. Stereotypies begin before 3 years of age and continue into adulthood. Primary motor stereotypies occur in children of normal intelligence whereas secondary stereotypies occur in the setting of an additional diagnosis such as Autism Spectrum Disorder (ASD) or other neurologic disorders. They are highly associated with co-morbidities such as anxiety, obsessive-compulsive symptoms, inattention, and tics. The pathophysiology of stereotypies involves frontostriatal overactive dopaminergic pathways, and underactive cholinergic and GABAergic inhibitory pathways. No genetic markers have been identified despite a clear genetic predisposition.

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