

**Office of Integrated Health
Health & Safety Information**

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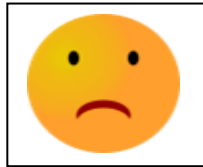
Identifying Tardive Dyskinesia

What is Tardive Dyskinesia?

Tardive dyskinesia is typically characterized by involuntary and abnormal movements of the jaw, lips and tongue. In some cases, the arms and/or legs may also be affected by involuntary rapid, jerking movements (chorea), or slow, writhing movements (athetosis) (NORD, 2018).

Signs and Symptoms of Tardive Dyskinesia

- **Frowning**



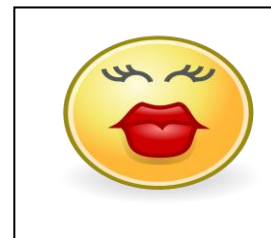
- **Tongue sticking out**



- **Lip smacking**



- **Puckering and pursing of the lips**



- **Rapid eye blinking**



- **Rapid and/or jerky movements of the arms, legs, and trunk may also occur**



Prevalence of Tardive Dyskinesia

The global mean tardive dyskinesia prevalence which includes both First Generation Antipsychotics (FGAs) & Second Generation Antipsychotics (SGAs) was 25.3% (Carbon, Hsieh, Kane & Correll, 2017)

Medicines that most commonly cause Tardive Dyskinesia

Older Neuroleptics

- Chlorpromazine (Thorazine or Largactil)
- Fluphenazine (Prolixin, Modecate, or Moditen)
- Haloperidol (Haldol)
- Perphenazine (Trilafon, Etrafon, Triavil, or Triptafen)
- Prochlorperazine (Compro, Darbazine, or Neo Darbazine)
- Thioridazine (Mellaril)
- Trifluoperazine (Stelazine or Stelbid)

Antidepressants

- Amitriptyline (Elavil)
- Fluoxetine (Prozac)
- Phenelzine (Nardil)
- Sertraline (Zoloft)
- Trazodone (Desyrel or Oleptro)

Other miscellaneous medicines which have been known to cause tardive dyskinesia:

- Metoclopramide (Reglan or Metozolv ODT)
 - used in the treatment of gastroparesis
- Levodopa (Larodopa or Dopar)
 - used in the treatment of Parkinsons
- Phenobarbital (Luminal or Solfoton)
 - used in the treatment of seizures
- Phenytoin (Dilantin or Phenytek)
 - used in the treatment of seizures

Treatment for Tardive Dyskinesia

Treatment of tardive dyskinesia (TD) usually involves discontinuing the neuroleptic drug as soon as involuntary facial, neck, trunk, or extremity movements are identified in people taking neuroleptic drugs, if this is felt to be safe psychiatrically.

Use of an “atypical” neuroleptic drug is sometimes used in place of traditional neuroleptics, if psychiatrically appropriate. However, the “atypical” neuroleptic drugs are also capable of causing and/or perpetuating tardive dyskinesia.

In some cases, physicians may be forced to reinstitute a neuroleptic drug if the tardive dyskinesia symptoms do not disappear and become very severe after medication is discontinued (NORD, 2018).

Suggested questions caregivers and/or individuals should ask their physician/prescriber:

- ✓ Am I at risk for TD?
- ✓ Do you routinely screen me for TD?
- ✓ What screening tool do you use?
- ✓ What symptoms should I look for?
- ✓ If I am at risk, do I still require this medication?
- ✓ Is there another medication that will reduce my risk for tardive dyskinesia and will still enable me to remain stable?
- ✓ What should I do if I think I have observed signs of tardive dyskinesia?

Tardive Dyskinesia Screening Tools

- **Tardive Dyskinesia Checklist** (NAMI, 2017).
- **Abnormal Involuntary Movement Scale (AIMS)** (Guy, 1976).

Resources:

- ❖ Carbon, M., Hsieh, C. H., Kane, J., & Correll, C. (2017). SU1. Tardive Dyskinesia Prevalence in the Period of Second-Generation Antipsychotic Use: A Meta-Analysis. *Schizophrenia Bulletin*, 43(Suppl 1), S161.
- ❖ Guy, W. (1976). Abnormal involuntary movement scale (AIMS). ECDEU assessment manual for psychopharmacology. Retrieved from <http://www.cqaimh.org/mwg-internal/de5fs23hu73ds/progress?id=NoDzB0lp3SX2YnE13ds75q0zgUZpNyr-7fOlrQDigvQ>,
- ❖ National Alliance on Mental Illness (NAMI) (2017). Tardive Dyskinesia Checklist. Retrieved from <https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Related-Conditions/Tardive-Dyskinesia/TardiveDyskinesiaChecklist.pdf>
- ❖ National Organization of Rare Disorders (NORD) 2018. Rare disease database: Tardive dyskinesia. Retrieved from <https://rarediseases.org/rare-diseases/tardive-dyskinesia/>