# **About Tardive Dyskinesia**

# What Is Tardive Dyskinesia (TD)?

Prolonged use of certain mental health medicines (antipsychotics) may cause an involuntary movement disorder known as TD.<sup>1-4</sup> It is characterized by uncontrollable, abnormal, and repetitive movements of the face, torso, and/or other body parts.<sup>34</sup> This can include hand or foot movements, rocking of the torso, lip smacking, grimacing, tongue protrusion, facial movements, or blinking, as well as puckering and pursing of the lips.<sup>2-4</sup> TD is a chronic condition that is unlikely to improve without treatment.<sup>1,4</sup>

#### What Causes TD?

Prolonged use of antipsychotics is thought to result in too much dopamine activity in the brain, which could lead to uncontrolled body movements known as TD.<sup>3,4</sup> These medicines may have been prescribed to treat one of the following conditions <sup>3,4</sup>:

- Depression • Schizoaffective disorder
- Bipolar disorder Schizophrenia

Other prescription medicines used to treat upset stomach, nausea, and vomiting may also cause TD.

# What Are Risk Factors for TD?

Older Age (55+)7

Substance Use Disorder<sup>8</sup>

**Being postmenopausal**<sup>9</sup>

#### What is the possible impact of TD?

TD can impact patients physically, socially, and emotionally.<sup>10</sup> Patients may<sup>3,10-13</sup>:



Experience difficulties with daily activities due to uncontrolled movements of TD



Feel embarrassed or judged by others

Withdraw from society and isolate themselves

### **How Common Is TD?**

•

•

TD affects approximately 600,000 people in the U.S.<sup>1,5</sup>

Approximately 70%, or 7 out of 10 patients living with TD, have not yet been diagnosed.6

### **How Is TD Diagnosed?**

It is important that people who are taking antipsychotic medication be monitored for drug-induced movement disorders (DIMDs), such as TD. Screenings for DIMDs should include a physical assessment using a tool, such as the Abnormal Involuntary Movement Scale exam, and visual examination of the body.<sup>2,14</sup> This can help diagnose DIMDs and determine next steps to finding the right treatment plan.

The American Psychiatric Association 2020 guidelines for the treatment of schizophrenia recommend screening for TD at least every<sup>14</sup>:



Visit TalkAboutTD.com to download the Doctor Discussion Guide to show the exact location of movements during a doctor visit.

# Learn more about TD, living with TD, and how to treat TD by visiting TalkAboutTD.com

References:
1. Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11[1]:166-176. doi:10.1007/s13311-013-0222-5 2. Guy W. ECDEU Assessment Manual for Psychopharmacology. Revised 1976. Rockville, MD. National Institute of Mental Health; 1976. **3.** Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. **4.** American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Sth ed. Arlington, VA: American Psychiatric Association; 2013;712. **5.** Data on File. Neurocrine Biosciences. **7.** Woerner MG, Alvir JM, Saltz BL, Lieberman JA, Kane JM. Prospective study of tardive dyskinesia in the Iderly: rates and risk factors. *Am J Psychiatry*. 1999;155(11):1521-1528. doi:10.1016/j.schtres.2005.07.034 **9.** Seeman MV. Interaction of sex, age, and neuroleptic dose. *Compr Psychiatry*. 1983;24[2]:125-128. doi:10.1016/j.schtres.2005.07.034 **9.** Seeman MV. Interaction of sex, age, and neuroleptic dose. *Compr Psychiatry*. 1983;24[2]:125-128. doi:10.1016/j.schtres.2005.07.034 **9.** Seeman MV. Interaction of sex, see targe to grospective, naturalistic study. *J Clin Psych*. 2008;69[10]:1580-1588. doi:10.4088/jcpv69n1008 **11.** Boumans CE, de Mooij KJ, Koch PA, van 't Hof MA, Zitman FG. Is the social acceptability of psychiatric patients decreased by orfacial dyskinesia? *Schizophre Blu*. 1994;20[2]:339-344. doi:10.103/schbul/20.2:339 **12.** Citrome L. Clinical management of tardive dyskinesia: medical and psychospc1. doi:10.1010/jjins.2017.11.019 **13.** Yassa R. Functional impairment in tardive dyskinesia: medical and psychospc1. doi:no.1117/jji.B00-0447.1998.toti.2017.331.99-204. doi:10.1013/j.schbul/20.2:339 **12.** Citrome L. Clinical management of tardive dyskinesia: five steps to success. *J. Neurol Sci.* 2017;383:199-204. doi:10.1010/jjins.2017.11.019 **13.** Yassa R. Functional impairment in tardive dyskinesia: me Schizophrenia. American Journal of Psychiatry. Published September 1, 2020. Accessed December 1, 2022. https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.177901

