

HEALTH & SAFETY: PSYCHIATRIC MEDICATIONS

“Tardive Akathesia”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual’s health and safety and to improving their quality of life. This is the ninth of ten Fact Sheets regarding Psychotropic Medications.

Objectives

Individuals will understand why antidepressants are prescribed, how they work, common side effects, occasional side effects, and serious side effects, how the physician monitors this medicine and the actions needed to support someone on these medications.

Definitions

Akathesia: Motor restlessness with a need to move that is alleviated by movement.

Tardive Akathesia: Severe prolonged form of Akathesia which may persist after discontinuation of the offending medication.

Facts

- Akathesia is the most common drug induced movement disorder.
- Akathesia is a side-effect of medication.
- Akathesia is most often caused by antipsychotic medications which block dopamine.
- Medications frequently involved include:
 - Haldol (haloperidol)
 - Loxitane (loxapine)
 - Mellaril (thioridazine)
 - Moban (molindone)

- Navane (thiothixene)
- Orap (pimozide)
- Prolixin (fluphenazine)
- Stelazine (trifluoperazine)
- Thorazine (chlorpromazine)
- Trilafon (perphenazine)
- Symptoms of Akathesia include:
 - Restlessness
 - Feelings of unspecific anxiousness
 - Shifting weight from one foot to another
 - Walking in place
 - Foot shuffling
 - Leg swinging or repeated crossing
- Treatment typically involves removing the medication causing the symptoms.
- When the physician believes the medication is essential to the patient's treatment, he may choose to continue the medication and treat the Akathesia with another medication such as an anticholinergic medication (Cogentin) or a benzodiazepine (Klonopin).
- Akathesia generally begins shortly after initiation of the medication.
- Tardive Akathesia typically occurs later, after prolonged treatment.
- Tardive Akathesia may not resolve quickly after discontinuation of the offending medication, but it may improve over several months or it may be permanent.
- Akathesia may also worsen for a time following discontinuation of the offending medications; this is called "Withdrawal Akathesia."

Recommended Actions and Prevention Strategies

1. Monitor individuals for changes in status and movement at all times but especially when new medications are added. Report changes in status and movement to nurse/supervisor/prescriber if noted.
2. Ensure that anyone on anti-psychotic medication has an AIMS (Abnormal Involuntary Movement Scale) completed per the prescriber's recommendations.
3. Discuss the need for completion of the AIMS assessment with the prescriber if antipsychotic medications are added or the dosage changed.
4. Collect monthly weight, vital signs and sleep data and report any changes to the nurse/supervisor.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Akathesia is most often caused by:
 - A. Antidepressants
 - B. Antipsychotics
 - C. Anticonvulsants
 - D. Antihypertensives
2. Symptoms of Akathesia include:
 - A. Restlessness
 - B. Walking in place
 - C. Leg swinging
 - D. All of the above
3. Treatment of Akathesia includes:
 - A. Discontinuation of offending medication
 - B. Anticholinergic medications
 - C. Benzodiazepines
 - D. All of the above
4. Tardive Akathesia typically occurs:
 - A. Immediately after initiation of the offending medication
 - B. After discontinuation of the offending medication
 - C. After prolonged usage of the medication
 - D. Never

References

Olanow C. W, "Chapter 367. Hyperkinetic Movement Disorders" (Chapter). Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, Loscalzo J: Harrison's Principles of Internal Medicine, 17e www.accessmedicine.com/content.aspx?aID=2906011 (*paid subscription required*)

Related Resources

National Institute of Neurological Disorders and Stroke (NINDS) Tardive Dyskinesia Information Page
www.ninds.nih.gov/disorders/tardive

National Association on Mental Illness (NAMI) Tardive Dyskinesia
www.nami.org/Content/ContentGroups/Helpline1/Tardive_Dyskinesia.htm

"Tardive Dyskinesia" Fact Sheet

Learning Assessment Answers

1. B
2. D
3. D
4. C

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outreach@fssa.in.gov • DDRSOutreach.IN.gov

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