



## Tardive Dyskinesia

BQIS 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 document provides general information on the topic and is not intended to replace team assessment, decision-making, or medical advice. This is the tenth of ten Fact Sheets regarding psychotropic medications.

### Intended Outcomes

Individuals will understand the symptoms, common causes, and treatment of tardive dyskinesia.

### Definitions

**Tardive dyskinesia:** A movement disorder often caused by antipsychotic medications. It typically develops months to years after initiation of treatment with these medications, but can occur sooner.

**Extrapyramidal:** Relating to or involving the neural pathways.

**Neural pathway:** Tracts connecting one part of the nervous system with another.

### Facts

- Tardive dyskinesia is a muscular side effect of antipsychotic medications that block dopamine.
- It occurs most often following prolonged use of older antipsychotic medications and also has the potential to occur with the use of the following medications:
  - Benzisothiazole (ziprasidone)
  - Benzisoxazole (iloperidone)
  - Butyrophenones (haloperidol, droperidol)
  - Calcium channel blockers (flunarizine, cinnarizine)
  - Dibenzazepine (loxapine, asenapine)
  - Dibenzodiazepine (clozapine, quetiapine)
  - Diphenylbutylpiperidine (pimozide)
  - Indolones (molindone)
  - Lithium
  - Phenothiazines (chlorpromazine, triflupromazine, thioridazine, mesoridazine, trifluoperazine, prochlorperazine, perphenazine, fluphenazine, perazine)
  - Pyrimidinone (risperidone, paliperidone)



- Quinolinone (aripiprazole)
- Substitute benzamides (metoclopramide, tiapride, sulpiride, clebopride, remoxipride, veralipride, amisulpride, levosulpiride)
- Serotonin reuptake or serotonin norepinephrine reuptake inhibitors (duloxetine, citalopram)
- Thienobenzodiazepine (olanzapine)
- Thioxanthenes (chlorprothixene, thiothixene)
- Tricyclic antidepressants (amoxapine)
- Trilafon (perphenazine)
- Typical symptoms include:
  - Movements of the mouth, lips, and tongue
  - Movements of the trunk, limbs, and in severe cases, muscles of respiration
  - Facial grimacing, movements of fingers and toes, and swaying movements of the hips and trunk can be involved
  - Movements disappear during sleep
- Risk factors which increase the likelihood of developing tardive dyskinesia include:
  - Taking antipsychotics for a long time
  - Older age
  - Intellectual/developmental disability
  - Alcoholism and substance abuse
  - Being female
  - Being African-American or Asian American
  - History of acute phase extrapyramidal side-effects with antipsychotic medication
- Extrapyramidal side effects include:
  - Tremors
  - Akathisia (restless movement)
  - Slurred speech
  - Dystonia (involuntary muscle contractions)
  - Bradyphrenia (slowing of thought processes)
  - Bradykinesia (slowing of movement)
  - Muscular rigidity



### FACT SHEET

- Treatment typically involves stopping the medication causing the symptoms.
- At times, symptoms will take many months to resolve despite stopping the medication causing the symptoms. Unfortunately, these symptoms can sometimes be permanent.
- Symptoms can also worsen with withdrawal of the medication causing the symptoms, taking weeks to months to resolve.
- There are some medications used to treat symptoms of tardive dyskinesia. However, these are rarely used due to limited effectiveness and the risk of other side effects.
- Newer medications called “atypical antipsychotics” have less of a risk of tardive dyskinesia or may result in milder symptoms of tardive dyskinesia. These medications include:
  - Clozapine (Clozaril)
  - Olanzapine (Zyprexa)
  - Quetiapine (Seroquel)
  - Risperidone (Risperdal)
  - Paliperidone (Invega)
  - Aripipazole (Abilify)
  - Ziprasidone (Geodon)

### Recommended Actions and Prevention Strategies

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



### Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. Tardive dyskinesia is a:
  - A. Psychotic disorder
  - B. Movement disorder
  - C. Mood disorder
  - D. None of the above
2. Symptoms of tardive dyskinesia include:
  - A. Movements of the fingers
  - B. Facial grimacing
  - C. Swaying of the hips
  - D. All of the above
3. Risk factors for tardive dyskinesia include:
  - A. Taking antipsychotics for a long time
  - B. Advanced age
  - C. Substance abuse
  - D. All of the above
4. Medications which have a lower risk of tardive dyskinesia include:
  - A. Haldol
  - B. Zyprexa
  - C. Prolixin
  - D. None of the above



### References

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### Learning Assessment Answers

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