

## HEALTH & SAFETY: PSYCHIATRIC MEDICATIONS

### “Tardive Dyskensia”

*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 tenth of ten Fact Sheets regarding Psychotropic Medications.*

#### Objectives

Individuals will understand the symptoms, common causes, and treatment of Tardive Dyskenesia.

#### Definitions

**Tardive Dyskenesia:** 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 neural pathways.

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

#### Facts

- Tardive Dyskenesia is a muscular side-effect of antipsychotic medications which block dopamine.
- It occurs most often following prolonged use of older antipsychotic medications including:
  - Haldol (haloperidol)
  - Loxitane (loxapine)
  - Mellaril (thioridazine)
  - Moban (molindone)
  - Navane (thiothixene)
  - Orap (pimozide)
  - Prolixin (fluphenazine)
  - Stelazine (trifluoperazine)
  - Thorazine (chlorpromazine)

- 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 of trunk can be involved.
  - Movements disappear during sleep. They can be mild, moderate, or severe
- Risk factors which increase to likelihood of developing Tardive Dysknesia include:
  - Long duration of exposure to antipsychotics
  - Older age
  - Intellectual Disability
  - Alcoholism and Substance abuse
  - History of acute phase extrapyramidal side-effects with antipsychotic medication.
- Extrapyramidal side effects include
  - Tremor
  - Akathisia(restless movement)
  - Slurred speech
  - Dystonia (involuntary muscle contractions)
  - Bradyphrenia (slowing of thought processes), Bradykinesia (slowing of movement)
  - Muscular rigidity
- Treatment typically involves discontinuing the offending medication.
- At times symptoms will take many months to resolve despite discontinuation of the agent causing the symptoms. Unfortunately, these symptoms can sometimes be permanent.
- Symptoms can also worsen with withdraw of the offending medication, taking weeks to months to resolve.
- There are some medications used to treat symptoms of Tardive Dyskenesia, however these are used rarely due to limited efficacy and risk of other side-effects.
- Newer medications called Atypical Antipsychotics have less risk of causing Tardive Dyskenesia. These medications include:
  - Abilify (aripiprazole)
  - Clozaril (clozapine)
  - Geodon (ziprasidone)
  - Invega (paliperidone)
  - Risperdal (risperidone)
  - Seroquel (quetiapine)
  - Zyprexa (olanzepine).

## Recommended Actions and Prevention Strategies

1. Monitor 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. 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. Tardive Dyskenesia is a:
  - A. Psychotic disorder
  - B. Movement disorder
  - C. Mood disorder
  - D. None of the above
2. Symptoms of Tardive Dyskenesia include:
  - A. Movements of the fingers
  - B. Facial Grimacing
  - C. Swaying of the hips
  - D. All of the above
3. Risk factors for Tardive Dyskenesia include:
  - A. Long duration of exposure to antipsychotic medication
  - B. Advanced age
  - C. Substance Abuse
  - D. All of the above
4. Medications which have lower risk of Tardive Dyskenesia include:
  - A. Haldol
  - B. Zyprexa
  - C. Prolixin
  - D. None of the above

## 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](http://www.accessmedicine.com/content.aspx?aID=2906011) (paid subscription required)
- National Association on Mental Illness (NAMI) Tardive Dyskinesia  
[www.nami.org/Content/ContentGroups/Hotline1/Tardive\\_Dyskinesia.htm](http://www.nami.org/Content/ContentGroups/Hotline1/Tardive_Dyskinesia.htm)
- Medical Glossary.org - Neural Pathways Terms and Definitions  
[www.medicalglossary.org/nervous\\_system\\_neural\\_pathways\\_definitions.html](http://www.medicalglossary.org/nervous_system_neural_pathways_definitions.html)

## Related Resources

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

National Association on Mental Illness (NAMI) Tardive Dyskinesia  
[www.nami.org/Content/ContentGroups/HelpLine1/Tardive\\_Dyskinesia.htm](http://www.nami.org/Content/ContentGroups/HelpLine1/Tardive_Dyskinesia.htm)

## Learning Assessment Answers

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

## Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).



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