What Is Tardive Dyskinesia?
In the United States, as many as 500,000 people have tardive dyskinesia (TD), a neurologic disorder associated with the long-term use of certain medications for some types of mental illness such as major depressive disorder, bipolar disorder, and schizophrenia, as well as some medications used to treat gastrointestinal disease or severe nausea.\(^1\)\(^2\) TD causes involuntary, repetitive, and jerky bodily movements such as:\(^1\)\(^2\):
- Facial tic-like movements (eg, rapid eye blinking) or grimacing
- Movements of the jaw, lips, or tongue (eg, sticking out of the tongue, lip pursing, jaw clenching)
- Sudden or rapid jerky movements of the trunk, arms, or legs
- Slow, twisting movements of the arms or legs
- Difficulty breathing or swallowing (in severe cases)

Because these movements are involuntary, they cannot be controlled.

TD symptoms usually develop after several years of treatment, but some patients develop symptoms after just a few months of treatment with the causative medication.\(^1\)

Risk Factors That Contribute to TD
Many factors contribute to the development of TD, including:\(^1\)\(^2\):
- Taking a causative medication for a long period of time (which often cannot be avoided if the medication is necessary to treat another condition) and/or at high doses
- Being older (eg, older than 50 years)
- Being female
- Having diabetes
- Abusing alcohol or using illicit drugs

Challenges Associated With TD
Understandably, TD can be debilitating, distracting, and a source of emotional distress for patients, as well as their family members and friends. Specific challenges that individuals with TD often face include:\(^2\):
- Social isolation and emotional discomfort, including anxiety
- Problems with gait or speech
- Compromised quality of life
- Fewer employment opportunities
- Difficulty eating
- Pain

What You Need to Know About Tardive Dyskinesia: Diagnosis, Symptoms, and Treatment

Tardive Dyskinesia Symptoms

<table>
<thead>
<tr>
<th>TD Causes Involuntary Movements In The:</th>
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<tbody>
<tr>
<td>FACE</td>
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<tr>
<td>TONGUE</td>
</tr>
<tr>
<td>LIPS</td>
</tr>
<tr>
<td>TRUNK</td>
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<tr>
<td>EXTREMITIES</td>
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These movements include:

<table>
<thead>
<tr>
<th>Jaw Clenching</th>
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<tbody>
<tr>
<td>Rapid Eye Blinking</td>
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<tr>
<td>Tongue Movement</td>
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<tr>
<td>Lip Smacking</td>
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<tr>
<td>Twitching and Jerking of the TORSO, ARMS, LEGS, OR HANDS</td>
</tr>
</tbody>
</table>
Diagnosis and Treatment

Fortunately, a qualified healthcare provider can assess, diagnose, and treat TD. Healthcare providers often evaluate patients who have a risk of TD every 3 to 6 months with a screening tool called the Abnormal Involuntary Movement Scale (AIMS) to monitor for the development or worsening of symptoms. Treatment options may include adjusting the dosage of medications and/or changing the medication that the patient is receiving, or using a specific medication approved by the United States Food and Drug Administration to treat TD.

When You Should Seek Medical Care for TD

The symptoms of TD may vary. It is a good idea to seek medical care if you:

- Are unsure about the symptoms you are experiencing
- Have an increased risk of developing the condition
- Are experiencing a poorer quality of life because of TD symptoms
- Would like to learn more about prognosis and treatment options

Why You Should Seek Medical Care for TD

It is important to discuss TD with your healthcare provider if you are taking a medication that puts you at risk of developing the condition so that s/he can watch for symptoms. Managing the symptoms early is the best way to prevent them from getting worse or becoming permanent. You should seek medical care when you first notice signs of involuntary movement so that you can:

- Obtain treatment sooner
- Have a better understanding of the condition
- Have a better awareness of therapies and treatment options available
- Be involved in the decision-making process with your healthcare team
- Have a better quality of life

Resources

- US National Library of Medicine
- NAMI Maryland
- Depression and Bipolar Support Alliance (DBSA)
- Mental Health America (MHA)
- National Institute of Neurological Disorders and Stroke (NINDS)
- National Organization for Rare Disorders (NORD)
- Taking Care of Yourself (NAMI)
- Caring for Yourself (Family Caregiver Alliance)
- Community (Today’s Caregiver)
- Taking Care of YOU: Self-Care for Family Caregivers (Family Caregiver Alliance)

References