Tardive Dyskinesia Management: Treatment Strategies and Recommendations

Our easy-to-read fact sheets provide clinicians with reliable information to share with patients and their caregivers.

Tardive dyskinesia is a condition defined by delayed (tardive) involuntary movements of the body (dyskinesia) that often occur after the short- and long-term use of certain medications designed to block dopamine. These medications are usually prescribed for mental health or stomach issues.[1] When a patient stops taking the culpable medication, symptoms may persist. Involuntary movements may involve muscles in the face, neck, arms, and legs. Common symptoms include difficulty swallowing, frequent blinking, and jerking movements of the hands and legs. Patients may also experience uncontrollable movements of the tongue.[1]

Approximately 20% of people who take certain older antipsychotic medications may develop tardive dyskinesia; however, it is difficult to know how common tardive dyskinesia is because there aren't many studies on other medications that may induce the condition. Although it is not fully understood why some patients develop tardive dyskinesia and others don't, the condition is known to be more prevalent among women (particularly those who have gone through menopause), older adults (aged ≥65), and those of African descent.[1]

What Medications Can Cause Tardive Dyskinesia?

Older (ie, first-generation) vs newer (ie, atypical or second-generation) antipsychotics are more likely to induce tardive dyskinesia because they more strongly affect dopamine as opposed to serotonin.

These antipsychotic medications, also known as neuroleptics, are often used to treat conditions such as schizophrenia and bipolar disorder.[2] Some medications that treat stomach-related issues (ie, nausea, acid reflux) can also trigger tardive dyskinesia if taken for more than 3 months.[2] A list of potential tardive dyskinesia-inducing medications are listed in Table 1.

Table 1. Drugs That May Induce Tardive Dyskinesia[6]

First-generation antipsychotics	Haloperidol Chlorpromazine Fluphenazine Thioridazine Perphenazine Trifluoperazine Loxapine
Second-generation antipsychotics	Risperidone Olanzapine Quetiapine Aripiprazole Paliperidone Lurasidone Ziprasidone
Antidepressants	Fluoxetine Paroxetine Sertraline Venlafaxine Bupropion
Antiemetics	Metoclopramide Prochlorperazine

Managing Tardive Dyskinesia

If your health care provider (HCP) finds that a specific medication is inducing tardive dyskinesia, they may suggest lowering the dose or ceasing the medication altogether. This can help reduce or eliminate involuntary movement.[3]

In rare cases, an HCP may recommend alternative interventions, such as:

- **Botulinum toxin**: an injection that can help relax muscles and reduce unwanted movements
- **Deep brain stimulation**: a surgical procedure that involves the placement of a device in the brain to help control movements
- **FDA- approved medications (ie, deutetrabenazine, valbenazine)**:[8] medications that balance dopamine levels in the brain
- **Natural remedies (ie, ginkgo biloba, melatonin, vitamins B6 and E)**: prior to taking any natural supplements, discuss their use with your HCP[5]

Frequently Asked Questions

1. How do I know if I have tardive dyskinesia?

Tardive dyskinesia can be tricky to diagnose because symptoms may not manifest until months, or even years after initiating an antipsychotic medicine. Sometimes symptoms might not even appear until after you have already stopped taking the drug. This can make it difficult to discern whether the drug even induced the symptoms. To evaluate any unusual movements, an HCP should use the Abnormal Involuntary Movement Scale (AIMS). Blood tests and brain scans (ie, computed tomography, magnetic resonance imaging) may also be used to rule out other conditions that can cause similar involuntary movements (ie, Huntington disease, Parkinson disease).[1]

2. Is tardive dyskinesia reversible?

If tardive dyskinesia is caught early, ceasing use of the medication that induced the condition may reduce or reverse symptoms. It is important, however, that patients understand that even if medication use is stopped, some patients may still experience involuntary movements and these involuntary movements may actually worsen with time.[7]

3. How can I reduce my risk of developing tardive dyskinesia?

When taking antipsychotic medications, it is important to maintain regular check-ups so as to earlier identify signs of tardive dyskinesia. If possible, consider requesting newer second-generation antipsychotics, which are typically associated with a lower risk for tardive dyskinesia. If you notice any unusual movements while taking these medications, be sure to immediately inform your HCP.[7]

4. Is there a specific time frame in which tardive dyskinesia can occur?

Most people develop tardive dyskinesia after taking antipsychotic medications for several months or years. Some individuals, however, especially older patients, may notice symptoms within a few weeks or months of starting the medication. Those at higher risk of developing tardive dyskinesia early on include older patients and those prescribed high doses of drugs that block dopamine. It is important to monitor symptoms, regardless of when they appear.[7]

5. Will my current medications need to be adjusted?

Your current medications may need to be adjusted in terms of the dosage prescribed. Alternatively, your HCP may suggest switching to a different medication that is associated with a lower risk for tardive dyskinesia.[7]

For a full list of references please visit:
https://www.neurologyadvisor.com/features/managing-tardive-dyskinesia/