What You Need to Know about **Tardive Dyskinesia**

What is tardive dyskinesia?

Tardive dyskinesia (TD) is a neurological condition that causes movements an individual can't control. These movements can affect the face, tongue, neck, trunk, or limbs. When facial muscles are affected, the person may smack their lips, make chewing motions, grimace or frown, puff their cheeks, or rapidly blink their eyes. Other common types of movements in TD include repetitive finger movements, walking with a duck-like gait, or rocking.

What causes TD?

In most cases, TD is a side effect of medication, especially antipsychotic drugs. First-generation antipsychotics are more likely to cause TD than second-generation drugs, but any antipsychotic poses a risk. Other medications that can cause TD are metoclopramide, a drug used to treat nausea and chronic acid reflux disease, and some antidepressants.

Who is at risk of developing TD?

Two groups are at the highest risk of developing TD: individuals with intellectual or developmental disabilities (I/DD) and adults over the age of 65. The risk for people with I/DD is higher because they are more likely than the general population to take antipsychotic medications. For older people, the increased risk is likely due to changes in the brain caused by the aging process. Other risk factors for TD include being female or having diabetes.

What are some of the complications of TD?

The unwanted involuntary movements caused by TD can make people feel uncomfortable, which can lead to avoiding social situations and missing out on connections with others. Connection is especially important for both of the high-risk populations mentioned above. For people with I/DD, TD can inhibit their ability to work, make friends, and build their independence. For older people, TD can worsen feelings of isolation and loneliness and have a devastating effect on their well-being.

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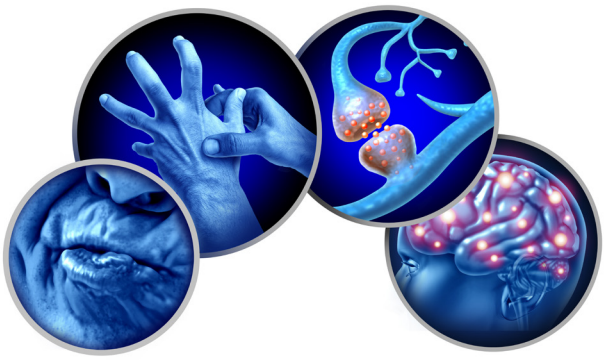
How is TD diagnosed?



To diagnose TD, a healthcare provider will start with a review of the person's medical history and a physical and neurological exam. TD can be considered if:

- The symptoms continue for at least one month after the medication is stopped
- The patient has taken the medication for at least one month if they're over 40
- The patient has taken the medication for at least three months if they're under 40

If the person meets the criteria for diagnosis, their provider may order additional tests, such as imaging or lab work, to rule out other conditions that have similar symptoms.

How is TD treated?

TD affects each person differently, so treatment plans will vary. Options for treating TD include:

- Stopping the antipsychotic medication if possible
- Changing to a different medication; for example, switching from a first-generation antipsychotic to a second-generation antipsychotic
- Taking medications called VMAT2 inhibitors (typically prescribed for moderate to severe symptoms)
- Treating specific symptoms, like rapid eye blinking or muscle spasms, with botulinum toxin injections

If an individual has TD, will it go away?

In some cases, TD symptoms will improve or resolve completely once the individual stops taking the medication. This is more likely to happen if the person hasn't been taking the medication for very long. For others, TD may become chronic (long term). In these cases, the symptoms can be managed with medication, but the condition won't be cured.

How can I help an individual with TD?

There are several things you can do for individuals in your care to make living with TD easier. These include:

- Making sure their symptoms are assessed by their healthcare provider every three to six months
- Tracking symptoms and making sure their healthcare provider is informed of any new symptoms
- Encouraging physical activity; exercise can help ease some TD symptoms
- Talking to their healthcare professional if TD is affecting their ability to perform activities of daily living or having a negative impact on their quality of life
- Looking for signs that TD may be negatively affecting their mental health and engaging a mental health professional if needed

Source: https://my.clevelandclinic.org/health/diseases/6125-tardive-dyskinesia