

International Encyclopedia of Rehabilitation

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Tardive Dyskinesia

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According to Mental Health America, one out of every five to ten patients treated with antipsychotic medications will develop a chronic movement disorder known as tardive dyskinesia (TD) because of the drugs (Factsheet: Tardive Dyskinesia ... [updated 2010]).

The condition is characterized by abnormal body motions and tics, which often include grimacing, rapid eye blinking and involuntary movements of the arms and legs. While TD can range in severity, the condition is often the source of a great deal of social embarrassment and discomfort.

TD was first identified in 1964, and the condition was originally linked most often to the use of metoclopramide, a medication sold today under the brand name Reglan (Tardive Dyskinesia Introduction & Overview ... [updated 2010]).

The serious side effect has plagued patients for years and posed a significant challenge to mental health professionals attempting to treat patients with serious psychotic disorders such as schizophrenia.

Although newer antipsychotic medications are less likely to cause TD than older antipsychotics like haloperidol, patients needing to undergo treatment with the drugs because of severe mental illnesses are still at risk of developing the condition. Those who take antipsychotics for extended periods of time or in high doses are more likely to suffer from TD. Elderly patients are also at a particularly high risk of developing the disorder (NINDS Tardive Dyskinesia Information Page ... [updated 2007]).

While there is currently no cure for the condition, TD is reversible in some cases. The condition often subsides when the drug at fault is discontinued or prescribed in lower doses. In a low percentage of cases, however, TD is a severe and permanent condition. In some patients, the disorder can progress to the point where everyday tasks such as walking become difficult.

A number of drugs have been tested in recent years to help treat TD, with mixed success rates. These include dopamine agonists, amine-depleting drugs and benzodiazepine medications, which essentially act as tranquilizers. However, studies investigating the clinical benefits of benzodiazepine in TD patients have shown the medications do not appreciably help reduce symptoms of the condition (Tardive Dyskinesia Treatment ... [updated 2010]).

Most health care professionals are now focusing on preventative measures that increase awareness of the disorder and call on patients and caregivers to report any potential indications of TD to their doctor immediately.

More information about tardive dyskinesia, as well as treatment options and support resources, can be found at tardivedyskinesia.com.

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