

# **Tardive Dyskinesia (TD) Awareness Toolkit**

**Resources and Materials for**  
HEALTHCARE PROFESSIONALS

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## Introduction

Tardive dyskinesia (TD) is a persistent, involuntary movement disorder that is characterized by uncontrollable, abnormal and repetitive movements of the face, torso, limbs, and fingers or toes.<sup>1-4</sup> The condition is associated with prolonged use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses, such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.<sup>3,5,\*</sup> There are approximately 600,000 people in the United States living with TD, and approximately 65 percent have not yet been diagnosed.<sup>2,8,9</sup> Additionally, research suggests up to 30 percent of patients who have taken first-generation antipsychotics and up to 21 percent of patients who have taken second-generation antipsychotics over a prolonged period of time may develop TD.<sup>9,#</sup>

Mental health continues to be a significant challenge in the U.S., and it's important to include TD in the conversation because of the physical, social and emotional impact this disorder can have on patients trying to maintain mental health stability with antipsychotic medication.<sup>10</sup> Proactive recognition and treatment of TD can make a positive impact in the lives of many patients managing their mental illness. It is important to initiate conversations with patients to identify the potential presence and burden of TD.

**Neurocrine Biosciences, Inc. is dedicated to providing education on TD and is happy to provide you with this toolkit inclusive of resources to help provide information to healthcare providers about this involuntary movement disorder.** We encourage you to use this resource and to [contact us](#) for any support you may need. Thank you for your participation in helping to raise awareness about TD.

More information is available at [Neurocrine.com/TD-Awareness](https://www.neurocrine.com/TD-Awareness), and resources on the identification of TD and differentiation from other movement disorders can be accessed at [MIND-TD.com](https://www.mind-td.com). You can also access [DISCOVER TD®](#), an interactive digital tool to help distinguish characteristic movements of different drug-induced movement disorders (DIMDs), including TD, through a simulated physical exam.

\*Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.<sup>6,7</sup>

#Data were drawn from a 2017 meta-analysis of 41 studies.

### REFERENCES

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# TD Awareness Resources and Materials for Year-Round Education

TD Fact Sheet

**Download** the fact sheet below, which provides an overview of TD, including risk factors and the importance of routine screenings for drug-induced movement disorders (DIMDs), such as TD, for those taking antipsychotic medication. You may distribute this fact sheet via email, social media, website or by printing and sharing with others. **This fact sheet is available in English and Spanish.**

# Tardive Dyskinesia (TD) Overview



Actor Portrayal

## What Is Tardive Dyskinesia (TD)?

TD is a persistent, involuntary movement disorder that is characterized by uncontrollable, abnormal and repetitive movements of the face, torso, limbs, and fingers or toes.<sup>1,4</sup> These involuntary movements may be rapid and jerky or slow and writing.<sup>2,4,5</sup> This can be disruptive and negatively impact people living with TD.<sup>5</sup> TD is a chronic condition that is unlikely to improve without treatment.<sup>1,3</sup>

## What Causes TD?

TD is associated with prolonged use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses such as the following disorders<sup>3,6</sup>:

- Major depressive disorder
- Schizophrenia
- Bipolar disorder
- Schizoaffective disorder

Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.<sup>7,8</sup>

## How Common Is TD?

Approximately **600,000** people in the U.S. are living with TD and approximately **65% have not yet been diagnosed.**<sup>16,9</sup>



## What Are Risk Factors for TD?



**Older age** (55 years and older)<sup>10,11</sup>



**Substance use disorder**<sup>11,12</sup>



**Being postmenopausal**<sup>13</sup>

## How Does TD Affect Everyday Lives?

The uncontrollable movements of TD can negatively impact patients physically, socially and emotionally.<sup>14</sup> Even mild uncontrollable body movements from TD could have emotional and social consequences.<sup>14,15</sup> These movements can cause worry, frustration and self-consciousness.<sup>16,16</sup>

According to a survey, patients with diagnosed or suspected TD (n = 250) reported the condition moderately or extremely affected them in the following three areas<sup>5,7</sup>:



<sup>1</sup>Results based on a survey of 397 people diagnosed with TD (n=173) or suspected of TD (n=224) who were asked, "Tardive dyskinesia may impact you in many different ways. To what extent has tardive dyskinesia impacted you in each of the following areas?" Answers ranged on a scale of 1 (not impacted at all) to 7 (extremely impacted).

<sup>7</sup>Responses based on survey questions: "Since first experiencing involuntary movements, how has your ability to physically perform the following daily activities been affected, if at all?" and "How would you describe the severity of your involuntary movements?" Please use a scale of 1 to 5 when 1 means "Not at all affected" and 5 means "Extremely negatively affected." Results shown include the number of responses greater than or equal to 3 on the scale.

## Could It Be TD?

It's important that patients who are taking antipsychotic medication be monitored by a healthcare provider for drug-induced movement disorders (DIMDs), such as TD.<sup>4,11</sup> Periodic screenings for abnormal movements in patients taking antipsychotic medication are essential for detection, proper diagnosis and appropriate management to help improve therapeutic outcomes.<sup>11</sup>

Proactive recognition and treatment of TD can make a positive impact in the lives of many patients managing their mental illness. Once a TD diagnosis has been established, talk with your patient about managing symptoms. There are U.S. Food and Drug Administration–approved treatment options for TD.

Please visit **MIND-TD.com** for helpful information on identification of TD and differentiation from other movement disorders.



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## Mental Health and TD Among Diverse Communities Fact Sheet

**Download** this fact sheet to learn about disparities in care among adults diagnosed with serious mental illness and the risk of DIMDs, including TD. It can be distributed via email, website or by printing and sharing it at events. **This fact sheet is available in English and Spanish.**

### Mental Illness and Tardive Dyskinesia Among Racially and Ethnically Diverse Communities

**52.9 million**

U.S. adults experience mental illness each year<sup>1</sup>



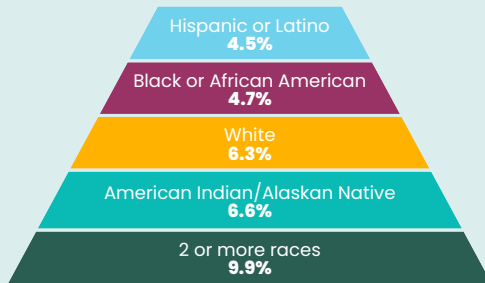
**14.2 million**

U.S. adults live with a serious mental illness (SMI)<sup>1</sup>

**Serious mental illness (SMI)** is a mental, behavioral, or emotional disorder resulting in serious functional impairment, interfering with one or more major life activities.<sup>2</sup>

#### Disparities in Care

PERCENTAGE OF ADULTS DIAGNOSED WITH A SMI<sup>2</sup>



Overall, **35.5% of U.S. adults diagnosed with a SMI have not received treatment.**<sup>1</sup> Further, treatment rates are significantly lower for racially and ethnically diverse adults. Only<sup>2</sup>:

- 51.7% of Hispanic or Latino people,
- 55.8% of Black or African American people, and
- 57.6% of American Indian or Alaskan Native people have received treatment.
- In comparison, 69.8% of White people with a SMI have received treatment.<sup>3</sup>

Living with a mental illness can impact all aspects of a person's life. However, minority populations often face **increased systematic barriers** to receiving **diagnosis and treatment**.

Factors that could contribute include<sup>4</sup>:

- Lack of diversity or cultural understanding, including language barriers, by healthcare providers
- Stigma of mental illness among minority groups
- Lack of insurance or underinsured
- Distrust in the healthcare system

SMI affects all populations, regardless of race or ethnicity, and available treatments are prescribed across racially and ethnically diverse groups.<sup>2,5</sup> Antipsychotics are most commonly prescribed to treat SMI, such as bipolar disorder, schizophrenia, schizoaffective disorder, and/or major depressive disorder, and can cause **drug-induced movement disorders (DIMDs)** after prolonged use.<sup>6,7</sup> It's important that people taking antipsychotic medication be monitored by a specialist, such as a neurologist or psychiatrist, for DIMDs. However, as a result of disparities in treatment, Black or African American and Hispanic or Latino people are **significantly less likely to see a specialist** (30% and 40%, respectively).<sup>8</sup>



# MIND TD® Questionnaire

**Download** this questionnaire for use in clinical practice to help facilitate a dialogue with patients at risk for TD about the presence and impact of uncontrollable movements. You may distribute it via email, website or by printing and sharing with others. This resource and other information about TD is available at [MIND-TD.com](http://MIND-TD.com).

The MIND-TD Questionnaire



The MIND-TD Questionnaire is intended to facilitate a dialogue about abnormal movements with patients at risk for tardive dyskinesia. Diagnosis of tardive dyskinesia should be based on the patient's medical history, symptoms, and the clinician's best judgment.

**PART 1:** This section may be administered by the treating clinician or by a medical staff member ahead of the visit. It can be administered in person or via video or audio-only telehealth.

**Use this questionnaire as part of a routine visit for a patient with any of the following:**

- Patients who are taking or have ever taken an antipsychotic medication (first or second generation)
- Patients who are taking anticholinergic medications, such as benztropine or trihexyphenidyl, in conjunction with current or past antipsychotic usage
- Patients who have a current diagnosis of tardive dyskinesia

<b>M</b>	<b>Movement</b> Do you have extra or unwanted movements in your body?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>I</b>	<b>Impact</b> Do you feel embarrassed or self-conscious about movements in your body?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>N</b>	<b>Notice</b> Has someone else seen extra movements in your body?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>D</b>	<b>Daily Activities</b> Do any movements cause problems during your daily routine?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you suspect possible abnormal movements that could be related to TD, see Part 2 of this questionnaire for next steps.

**PART 2:** This section should be administered by the treating clinician. The "Differentiate" section requires visual observation of the patient, either in person or via video telehealth.

**T** **Thorough Interview**

**Ask patient about:**

- Problems with eating, drinking, or swallowing
- Sores in the mouth, teeth grinding or dental issues, mouth noises (for example, lip smacking, tongue clicking)
- Problems speaking or involuntary grunting
- Difficulty gripping objects (for example, a zipper, buttons, silverware, cup, toothbrush)
- Change in handwriting or difficulty typing
- Foot tapping or fidgeting movement of the legs
- Difficulty walking or loss of balance
- Do they notice their big toe goes up in the air when they have their socks off?
- Do their legs move or twist, or do their knees knock when they sit?

**Instruct patient to say:**

- LaLaLaLaLaLaLaLaLaLaLaLaLaLaLa
- KaKaKaKaKaKaKaKaKaKaKaKaKaKaKa
- MaMaMaMaMaMaMaMaMaMaMaMaMaMaMa

*Listen for articulation problems.*

Diagnosis of tardive dyskinesia should be based on patient history, symptoms, and the clinician's best judgment.



# TD Differential Diagnosis Poster

**Download** this poster to use in clinical practice to help differentiate DIMDs. You may distribute it to other practitioners via email, website or by printing. This resource and other information about TD is available at [MIND-TD.com](http://MIND-TD.com).

## All patients taking antipsychotics are at risk for Tardive Dyskinesia

**NO MATTER THE ANTIPSYCHOTIC, NO MATTER THE INDICATION<sup>1-3</sup>**

Antipsychotic Type	TD Prevalence
FGAs	30%
SGAs with unspecified FGA exposure	21%
FGA-naïve patients taking SGAs	7%

FGA, first-generation antipsychotic; SGA, second-generation antipsychotic. N=11,493, meta-analysis including 41 studies that provided cross-sectional data from at least 15 FGA-, SGA-, or FGA + SGA-treated subjects and used a standardized rating scale to evaluate TD.

Schizophrenia

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Bipolar disorder

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Major depressive disorder

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Anxiety disorder

### LEARN HOW TO TELL THE DIFFERENCE

#### Tardive Dyskinesia

- ✓ Nonrhythmic<sup>5</sup> but may be repetitive<sup>6</sup>
- ✓ Choreoathetoid movement<sup>5,7</sup>
- ✓ Chewing movements<sup>6</sup>
- ✓ Lip smacking<sup>6</sup>
- ✓ Pouting<sup>6</sup>
- ✓ Opening/closing of mouth<sup>6</sup>
- ✓ Tongue protrusion<sup>6</sup>
- ✓ Abnormal blinking<sup>6</sup>
- ✓ “Piano-playing” fingers<sup>9,10</sup>
- ✓ Hyperextension, shifting, or rocking in the torso<sup>9,10</sup>

#### Drug-Induced Parkinsonism

- ✓ Rhythmic tremor (3–6 Hz)<sup>5</sup>
- ✓ Muscle rigidity<sup>5</sup>
- ✓ Shuffling gait<sup>5</sup>
- ✓ Bradykinesia<sup>5</sup>
- ✓ Salivation<sup>11</sup>

FOR MORE INFORMATION, VISIT [MIND-TD.com](http://MIND-TD.com)

*“Look for more than just the presence of a movement—the type of movement is just as important for diagnosis.”*

—Desiree M. Matthews, PMHNP-BC  
Nurse Practitioner  
Outpatient Behavioral Health  
Advanced Practice Provider Clinical Liaison, Monarch  
Charlotte, NC  
Paid consultant of Neurocrine Biosciences, Inc.

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 1. Carbon M, et al. *J Clin Psychiatry*. 2017;78(3):e264–e278. 2. Citrome L, et al. *Clin Ther*. 2013;35(12):1867–1875. 3. Leslie DL, et al. *Psychiatr Serv*. 2009;60(9):1175–1181.  
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## AIMS Instructional Brochure

**Download** this material to learn how to use the Abnormal Involuntary Movement Scale (AIMS) to assess the severity and progression of TD over time. You may distribute it via email, website or by printing and sharing with others.


# Understanding the AIMS for Tardive Dyskinesia (TD)

## A Practical User Guide for All Team Members\*

This brief guide introduces the Abnormal Involuntary Movement Scale (AIMS) and describes how to use it to assess the severity and progression of tardive dyskinesia (TD).

\*This guide is not a substitute for the AIMS and isn't meant to be a diagnostic tool. A clinician should make a diagnosis of TD based on a patient's history and symptoms, and their best judgment.

### Who should be screened for TD?


- Individuals who **take or have ever taken an antipsychotic medication (first or second generation)** or any other medication that blocks dopamine receptors, such as some antiemetics for nausea and vomiting<sup>1</sup>
  - Individuals can get TD if they take or ever took an antipsychotic medication, but some people who may have an increased risk for TD are those who:
    -  are over 55 years old, female, or White or African and African American
    -  have a mood disorder, intellectual disability, or central nervous system injury
    -  have or had akathisia, clinically significant parkinsonism, or acute dystonic reactions<sup>1</sup>
- Individuals who already have a TD diagnosis, so the clinician can follow its progression and response to treatment over time

### Screening in a Telehealth Setting

It is common to see patients for regular psychiatry appointments via telehealth.<sup>2</sup> Many parts of the AIMS can be covered during routine video visits and these can be combined with in-office visits to allow for full AIMS exams at regular intervals.<sup>3</sup> Be sure to consider your state's guidelines for conducting telehealth visits.

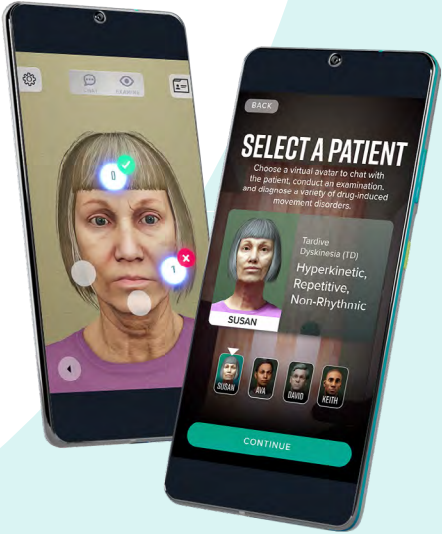
## Discover TD<sup>®</sup> Informational Piece

**Download** this material to learn about Discover TD<sup>®</sup>, an interactive digital tool to help healthcare providers learn about and identify TD through a simulated physical exam. You may distribute it via email and by printing and sharing with others.




### Explore drug-induced movement disorders like never before

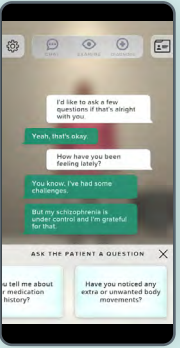
Discover TD<sup>®</sup> is an interactive experience designed to educate about Tardive Dyskinesia and other drug-induced movement disorders. By interacting with hypothetical virtual patients, you can diagnose and determine an appropriate management plan.\*




### Experience Discover TD



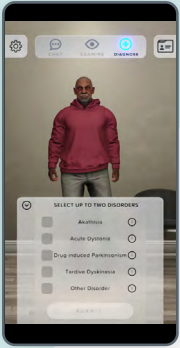
**Scan Now**



**INTERACT**  
with each patient, gathering important insights



**EXAMINE**  
and analyze movements with lifelike precision



**UNCOVER**  
distinctions between Tardive Dyskinesia and other drug-induced movement disorders

\*For educational purposes only. Should not be interpreted as medical advice for any particular patient. Individual results may vary.  
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## Social Media Copy — Year-Round TD Awareness

Below are suggested template posts for your preferred social channel that can be tailored as appropriate year-round outside of TD Awareness Week. High resolution social graphics sized for Facebook, X [formerly Twitter], Instagram and LinkedIn can be found on [page 13](#). The social copy below can be [downloaded here](#).

- Tardive dyskinesia [TD] impacts ~600K people living in the U.S., yet ~65% have not yet been diagnosed. It's important for healthcare providers to understand how to identify potential symptoms of TD. For resources, visit: [MIND-TD.com](http://MIND-TD.com) #Screen4TD
- Routine screenings for drug-induced movement disorders, like TD, can help improve diagnosis and proper management of uncontrollable movements. More: [MIND-TD.com](http://MIND-TD.com) #Screen4TD
- It can be challenging to decipher the differentiating signs between various drug-induced movement disorders, like tardive dyskinesia [TD]. Access this interactive tool that can help in identifying TD: [bit.ly/3HyT4VC](https://bit.ly/3HyT4VC) #Screen4TD
- Did you know treatment strategies for various drug-induced movement disorders [DIMDs] differ? That's why healthcare providers need to know the signs of DIMDs, like tardive dyskinesia [TD]. Learn how to identify TD at [MIND-TD.com](http://MIND-TD.com). #Screen4TD
- Providers can use the Abnormal Involuntary Movement Scale [AIMS] to assess the severity of tardive dyskinesia [TD] in movement disorder screenings. Visit [MIND-TD.com](http://MIND-TD.com) to learn about TD and see how AIMS can help improve patient outcomes. #Screen4TD
- It's important for healthcare providers to initiate patient conversations to identify the possible presence of drug-induced movement disorders, like tardive dyskinesia [TD]. Access a questionnaire to help facilitate a dialogue with those at risk of TD: [bit.ly/4ban08r](https://bit.ly/4ban08r)
- If your patients are being treated with antipsychotic medication, it's important to conduct routine screenings for drug-induced movement disorders, such as tardive dyskinesia [TD]. Visit [MIND-TD.com](http://MIND-TD.com) for information, tools and resources. #Screen4TD
- ~600,000 people in the U.S. are living with tardive dyskinesia [TD] and 65% have not yet been diagnosed. Routine screenings for drug-induced movement disorders can help reduce the rate of undiagnosed TD. Learn more about identifying TD: [MIND-TD.com](http://MIND-TD.com) #Screen4TD
- During screenings for drug-induced movement disorders such as tardive dyskinesia [TD], healthcare providers should assess the presence and severity, as well as the patient awareness and impact of the movements. Access resources: [MIND-TD.com](http://MIND-TD.com) #Screen4TD
- When screening for tardive dyskinesia [TD], providers should ask the patient how the uncontrollable movements affect their everyday life. Understanding the burden can help determine treatment needs and improve their day-to-day. [MIND-TD.com](http://MIND-TD.com) #Screen4TD

## Social Media Graphics – Year-Round TD Awareness

We encourage you to [download these graphics](#) to incorporate into your social media posts, cover images or existing messaging to help spread awareness about TD year-round.



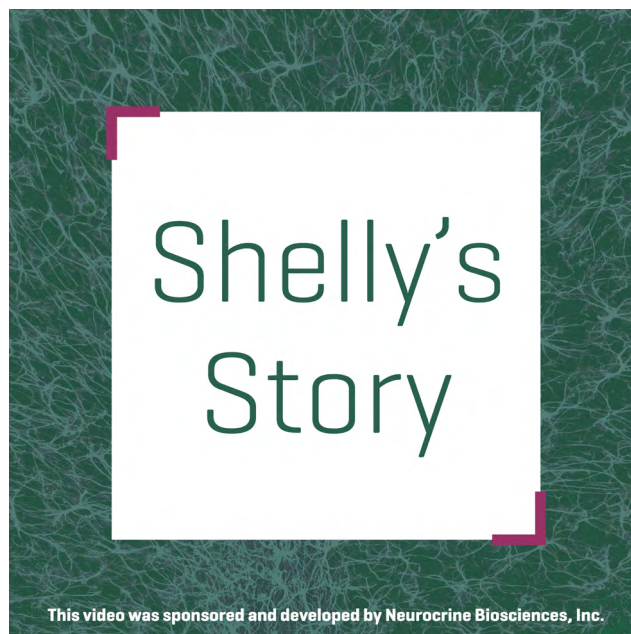
## Testimonials: Jeff's Story

**Download** this video to hear Jeff's story regarding his journey with TD. You can distribute this brief video via email, social media or website. **Spanish subtitles are also available.**



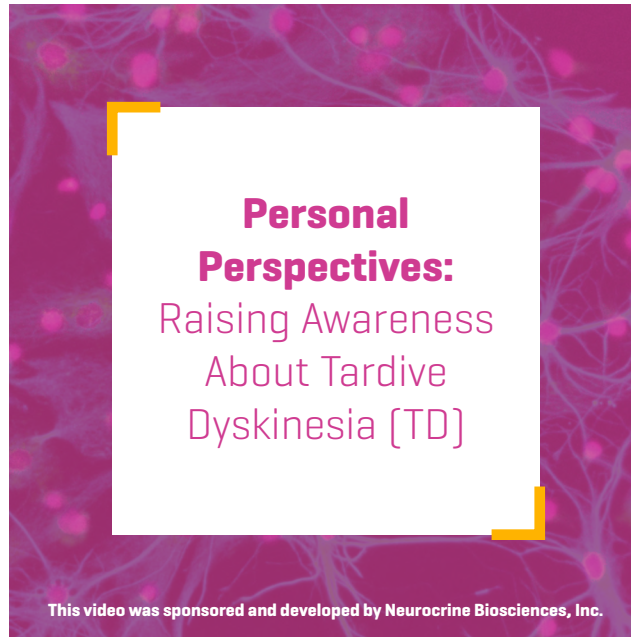
## Testimonials: Shelly's Story

**Download** this video to hear Shelly's story regarding her journey with TD. You can distribute this brief video via email, social media or website. **Spanish subtitles are also available.**



## Testimonials: Raising Awareness About TD

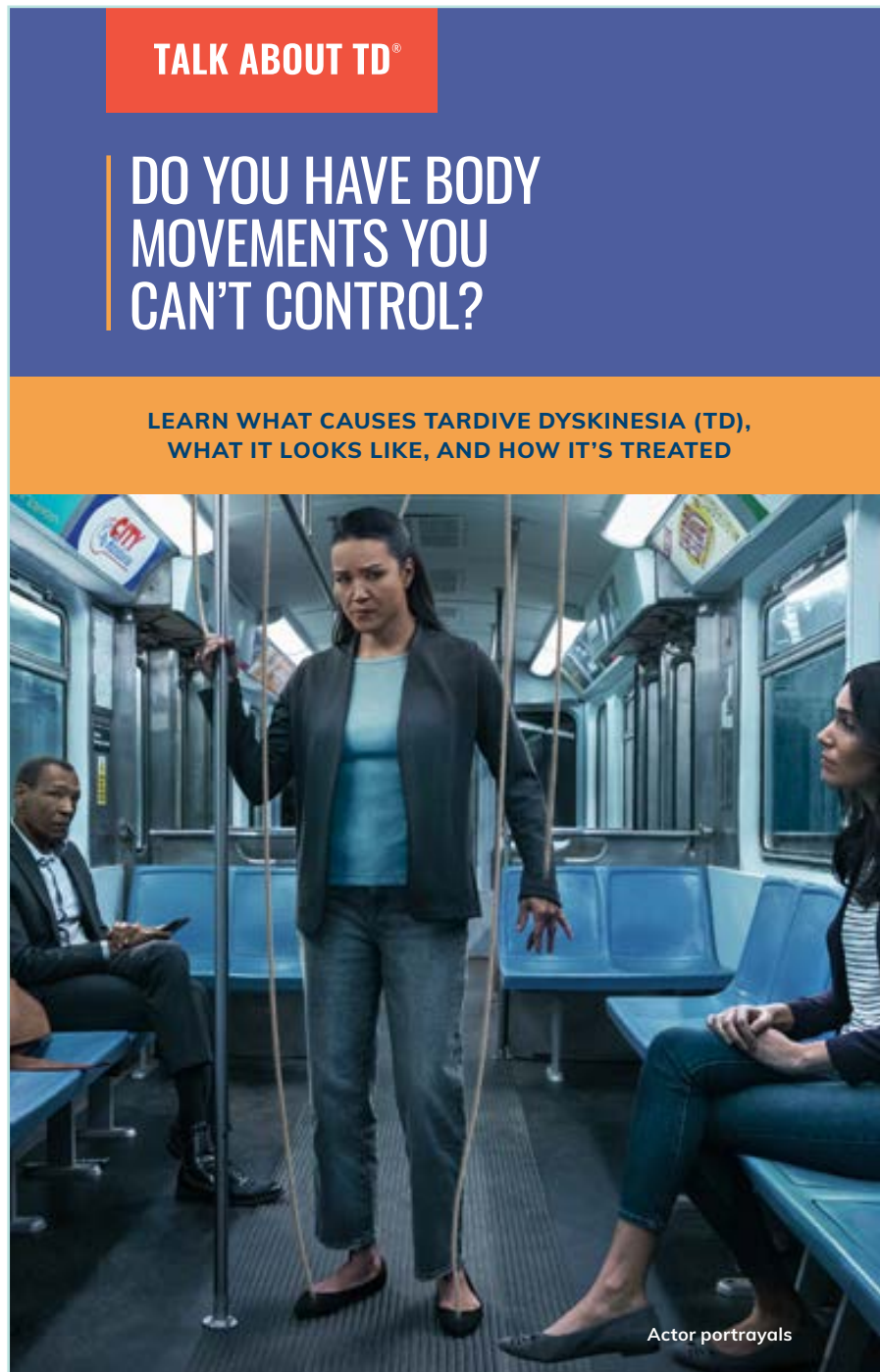
**Download** this video to hear Jeff and Shelly discuss the impact TD has had on their lives and the importance of raising awareness. You can distribute this brief video via email, social media or website. **Spanish subtitles are also available.**





## Talk About TD<sup>®</sup> Patient Brochure

**Download** this brochure to help educate patients on the causes of TD, what it looks like and how it's treated. It can be distributed via email, website or by printing and sharing it at events.





# Resources and Materials for TD Awareness Week 2024: May 5–11



## About TD Awareness Week

May 5-11, 2024, marks the seventh annual TD Awareness Week, which encourages healthcare professionals, mental health advocates and the broader community to raise awareness about TD for the approximately 600,000 people in the U.S. impacted by the condition.<sup>1,2</sup> May is also Mental Health Awareness Month, and as we work to increase awareness and support for those impacted by mental health conditions, it's important to remember that those living with a mental illness and who take antipsychotics for a prolonged period of time may develop or already have TD.

The goal this year is to help decrease stigma, improve recognition and increase routine screenings, diagnosis and awareness of appropriate treatment of TD. As the reach for TD Awareness Week continues to grow each year, you'll be joining others from across the country who are bringing awareness to TD.

There are several ways to get the word out about TD during this awareness week. For example, you can create an [email or newsletter copy](#) from the template in this toolkit, [post on social media](#) using the graphics on page 23 and so much more! We encourage you to use this guide to implement your own efforts in supporting TD Awareness Week.

Neurocrine Biosciences is committed to bringing awareness to TD every day, but especially during TD Awareness Week. Follow and join the conversation online by sharing [#TDAwarenessWeek](#) and [#Screen4TD](#). Thank you for your participation in efforts to raise awareness of Mental Health Awareness Month and TD Awareness Week.


### REFERENCES

**1.** Data on file. Neurocrine Biosciences, Inc. **2.** Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5

**TDAW**  
TARDIVE DYSKINESIA  
AWARENESS WEEK

# TD Infographic

**Download** the infographic below, which provides information about the prevalence and impact of TD and the significance of TD Awareness Week. You may distribute it via email, fax, website or by printing and sharing with others. **This infographic is available in English and Spanish.**



## May is Mental Health Awareness Month and May 5-11, 2024 is **Tardive Dyskinesia Awareness Week**

### ~600,000

people in the U.S. are living with TD.<sup>1,2</sup>

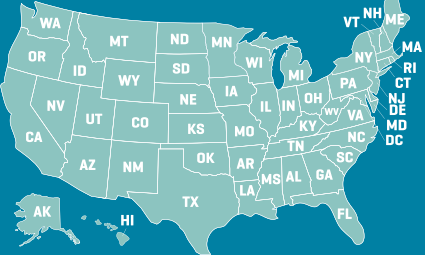
**Tardive dyskinesia (TD)** is a persistent, involuntary movement disorder associated with prolonged use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses, such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.<sup>4,5,\*</sup>

TD is characterized by uncontrollable, abnormal and repetitive movements of the face, torso, limbs, and fingers or toes.<sup>8,9</sup>

\*Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.<sup>6,7</sup>

### Nearly 65%

of Americans with TD are undiagnosed.<sup>3</sup>




## Join the movement!

Over the past six years, **50 states, Washington, D.C.** and various **mental health advocacy organizations** continue to recognize the first full week of May as TD Awareness Week.

It's important that patients who are taking antipsychotic medication be monitored by a healthcare provider for drug-induced movement disorders (DIMDs), such as TD.<sup>10</sup>


**The uncontrollable movements of TD can negatively impact patients socially, emotionally and physically.**<sup>8,11</sup>

According to a survey, patients with diagnosed or suspected TD (n = 250) reported the condition moderately or extremely affected them in the following areas<sup>2,4</sup>:




48%

Ability to Type and/or Write<sup>1</sup>



64%

Ability to Sleep<sup>1</sup>




37%

Ability to Eat and Drink<sup>1</sup>

\*The survey evaluated 61 patients diagnosed with TD and 189 patients who were suspected to have TD, as they experienced involuntary movements.  
<sup>1</sup>Based: Patient ATU 2023: Target patients (diagnosed TD or suspected TD), n = 250. Responses based on survey questions: "Since first experiencing involuntary movements, how has your ability to physically perform the following daily activities been affected, if at all?" and "How would you describe the severity of your involuntary movements?" Please use a scale of 1 to 5 when 1 means "Not at all affected" and 5 means "Extremely negatively affected." Results shown include the number of responses greater than or equal to 3 on the scale.

Proactive recognition and treatment of TD can make a positive impact in the lives of many patients managing their mental illness. It is important to initiate conversations with patients to identify the potential presence and burden of TD. **U.S. Food and Drug Administration-approved treatment options are available for TD.**

For helpful information on identification of TD and differentiation from other movement disorders, visit [MIND-TD.com](https://www.mind-td.com)



**REFERENCES:** 1. Olanoff L, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0292-5 2. Data on File, Neurocrine Biosciences, Inc. 3. Carlson M, Hsieh DH, Kane JM, Cornell CU. Tardive dyskinesia prevalence in the period of second-generation antipsychotic use: A meta-analysis. *J Clin Psych*. 2017;78(3):e278. doi:10.4088/JCP.161.0302 4. Correll SH, Hufnagel J, Lybrand J, Campbell EC. Movement disorders induced by antipsychotic drugs: implications of the CARE schizophrenia trial. *Neural Clin*. 2013;26(1):127-146. doi:10.1016/j.nec.2010.10.002 5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Text Revision. American Psychiatric Association; 2023. 6. Kenney C, Hunter C, Davidson A, Jankovic J. Metoclopramide, an increasingly recognized cause of tardive dyskinesia. *J Clin Pharmacol*. 2008;48(3):379-384. doi:10.1177/0895270207312558 7. Sanger C, Andrews P.R. A history of drug discovery for treatment of nausea and vomiting and the implications for future research. *Front Pharmacol*. 2018;9:913. doi:10.3389/fphar.2018.00913 8. Guy W. *ECDEU Assessment Manual for Psychopharmacology*. National Institute of Mental Health; 1976. 9. Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. *American Psychiatric Association*; 1992. 10. Keppers GA, Fochtmann LJ, Anzai JM, et al. The American Psychiatric Association practice guidelines for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2003;177(8):868-872. doi:10.1176/appi.ajp.2003.177.8.868 11. Ascher-Svanum H, et al. Tardive dyskinesia and the 3-year course of schizophrenia: Results from a large, prospective, naturalistic study. *J Clin Psych*. 2008;68(10):1580-1588. doi:10.4088/jcp.v68n1008

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Tardive Dyskinesia Awareness Toolkit

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## Testimonials: Jeff's Story

**Download** this video to hear Jeff's story regarding his journey with TD. You can distribute this brief video during TD Awareness Week via email, social media or website. **Spanish subtitles are also available.**



## Testimonials: Shelly's Story

**Download** this video to hear Shelly's story regarding her journey with TD. You can distribute this brief video during TD Awareness Week via email, social media or website. **Spanish subtitles are also available.**



## Testimonials: Raising Awareness About TD

**Download** this video to hear Jeff and Shelly discuss the impact TD has had on their lives and the importance of raising awareness. You can distribute this brief video during TD Awareness Week via email, social media or website. **Spanish subtitles are also available.**



## TD Awareness Week Template Social Media Posts

Throughout the week, we'll be publishing content on our Neurocrine social media channels: X [formerly Twitter], Facebook and LinkedIn, which are linked below. We will also be interacting with content shared from this toolkit. Please tag us and use **#TDAwarenessWeek** and **#Screen4TD** in your posts. The social copy below can be [downloaded here](#).

- Tardive dyskinesia [TD] impacts ~600K people living in the U.S., yet ~65% have not yet been diagnosed. It's important for healthcare providers to understand how to identify symptoms of TD and conduct routine screenings. More: [MIND-TD.com](http://MIND-TD.com) #TDAwarenessWeek
- #TDAwarenessWeek serves to educate the community about tardive dyskinesia [TD], a persistent involuntary movement disorder, and the importance of routine screenings for people who are at risk of developing it. Learn how to identify TD: [MIND-TD.com](http://MIND-TD.com) #Screen4TD
- This #TDAwarenessWeek, learn how to facilitate a dialogue about abnormal movements with patients at risk for tardive dyskinesia [TD] at [MIND-TD.com](http://MIND-TD.com). #Screen4TD
- The burden of tardive dyskinesia [TD], an involuntary movement disorder, can impact patients who have been treated with dopamine receptor blocking agents. For more information, visit [bit.ly/47FHsLm](http://bit.ly/47FHsLm) #TDAwarenessWeek #Screen4TD
- This #TDAwarenessWeek, we're encouraging healthcare providers to initiate patient conversations to identify the possibility of drug-induced movement disorders, like tardive dyskinesia [TD]. Access a questionnaire to help facilitate a dialogue: [bit.ly/4ban08r](http://bit.ly/4ban08r) #Screen4TD
- If your patients are being treated with antipsychotic medication, it's important to regularly screen for drug-induced movement disorders, such as tardive dyskinesia [TD]. Visit [MIND-TD.com](http://MIND-TD.com) for information, tools and helpful resources. #TDAwarenessWeek
- Drug-induced movement disorders, like tardive dyskinesia [TD], have varied treatments, so healthcare providers should be aware of the differentiating signs for a proper diagnosis. FDA-approved treatment options for TD are available: [bit.ly/3vLGiRg](http://bit.ly/3vLGiRg) #TDAwarenessWeek
- When conducting a screening for tardive dyskinesia [TD] it's important to consider not only the physical symptoms but also the potential emotional and social impact of the uncontrollable movements. For TD resources, visit [MIND-TD.com](http://MIND-TD.com). #TDAwarenessWeek #Screen4TD
- Treatment strategies differ for various drug-induced movement disorders, such as tardive dyskinesia [TD], so knowing the signs and symptoms of each is key for proper diagnosis. This #TDAwarenessWeek, learn more at [MIND-TD.com](http://MIND-TD.com). #TDAwarenessWeek

## TD Awareness Week Template Social Media Graphics

We encourage you to [download these graphics](#) to incorporate into your social media posts, cover images or existing messaging to help spread awareness during TD Awareness Week. Also, [download the TD Awareness Week logo](#) to use on social media.



## Template Blog Post/Email

Below is a template website blog post or email brief, which you and your organization can tailor to share as an email to internal and external distribution lists and/or post on respective websites. Placeholders are included throughout to tailor content accordingly. **We recommend sharing this content the morning of Monday, May 6, to kick off the week.** [Download text here.](#)

**[IF SENDING AS AN EMAIL, INSERT SUGGESTED SUBJECT LINE]**

May 5-11, 2024, Is Tardive Dyskinesia [TD] Awareness Week — Learn More

**[IF SENDING AS AN EMAIL, INSERT THE FOLLOWING]**

Dear All,

**[IF POSTING ONLINE, INSERT SUGGESTED TITLE]**

May 5-11, 2024, Is Tardive Dyskinesia [TD] Awareness Week

This Mental Health Awareness Month, we are proud to recognize May 5-11, 2024, as Tardive Dyskinesia [TD] Awareness Week to help decrease stigma, improve recognition and increase routine screenings, diagnosis and appropriate treatment of TD.

TD is a persistent, involuntary movement disorder that is characterized by uncontrollable, abnormal and repetitive movements of the face, torso, limbs, and fingers or toes.<sup>1-4</sup> TD is associated with prolonged use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses, such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.<sup>3,5,\*</sup> There are approximately 600,000 people in the United States living with TD, and approximately 65 percent have not yet been diagnosed.<sup>2,8,9</sup>

By declaring the first week of May as TD Awareness Week, states around the country are helping to raise awareness regarding:

- The potential physical, social and emotional consequences of TD<sup>10</sup>
- The signs and symptoms associated with TD
- The importance of speaking with a healthcare provider about the impact of the uncontrollable movements and available treatment options

It is now an important time to acknowledge the one in five U.S. adults living with a mental illness, some of whom are treated with antipsychotic medication and may also have TD.<sup>11</sup> Research suggests up to 30 percent of patients who have taken first-generation antipsychotics and up to 21 percent of patients who have taken second-

Email continues on next page; references included on page 25



## Template Blog Post/Email — continued

generation antipsychotics over a prolonged period of time may develop TD.<sup>9,#</sup> It's important that patients who are taking antipsychotic medication be monitored by a healthcare provider for drug-induced movement disorders (DIMDs), such as TD.<sup>4,12</sup> Routine screenings for abnormal movements in patients taking antipsychotic medication are essential for detection, proper diagnosis and appropriate management to help improve therapeutic outcomes.<sup>12</sup>

Thank you for your commitment to raising awareness of TD and supporting the mental health community. Visit [MIND-TD.com](https://www.mind-td.com) for helpful information on identification of TD and differentiation from other movement disorders. You can also access the [MIND TD® Questionnaire](#) to help facilitate a dialogue about abnormal movements with patients at risk of developing TD and [DISCOVER TD®](#), an interactive digital tool to help learn about and identify TD.

**[IF SENDING AS AN EMAIL, INSERT SIGNATURE:]**

Sincerely,

**[NAME]**

**[TITLE]**

\*Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.<sup>6,7</sup>

#Data were drawn from a 2017 meta-analysis of 41 studies.

### REFERENCES

1. Task Force on Tardive Dyskinesia. Tardive dyskinesia: a task force report of the American Psychiatric Association. 1992.
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# Tardive Dyskinesia (TD) Awareness Toolkit

**Resources and Materials for**  
HEALTHCARE PROFESSIONALS



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