

Abnormal Involuntary Movement Scale (AIMS)

Score	Descriptors (For items 1-7)
0	No dyskinesia
1	Minimal or slight dyskinesia: Low amplitude, present during some but not most of the exam
2	Mild dyskinesia: Low amplitude and present during most of the exam (or moderate amplitude and present during some of the exam)
3	Moderate dyskinesia: Moderate amplitude and present during most of the exam
4	Severe dyskinesia: Maximal amplitude and present during most of the exam

Facial and Oral Movements	None	Minimal	Mild	Moderate	Severe
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks, include frowning, blinking, smiling, grimacing	0	1	2	3	4
2. Lips and Perioral Area eg, puckering, pouting, smacking	0	1	2	3	4
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	0	1	2	3	4
4. Tongue Rate only increase in movement both in and out of mouth, NOT inability to sustain movement	0	1	2	3	4

Extremity Movements	None	Minimal	Mild	Moderate	Severe
5. Upper (arms, wrists, hands, fingers) Include choreic movements (ie, rapid, objectively purposeless, irregular, spontaneous), athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT include tremor (ie, repetitive, regular, rhythmic)	0	1	2	3	4
6. Lower (legs, knees, ankles, toes) eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0	1	2	3	4

Trunk Movements	None	Minimal	Mild	Moderate	Severe
7. Neck, shoulders, hips eg, rocking, twisting, squirming, pelvic gyrations	0	1	2	3	4

Global Judgments	None	Minimal	Mild	Moderate	Severe
8. Severity of abnormal movements overall	0	1	2	3	4
9. Incapacitation due to abnormal movements	0	1	2	3	4
10. Patient's awareness of abnormal movements (rate only Patient's report) 0=No awareness; 1=Aware, no distress; 2=Aware, mild distress; 3=Aware, moderate distress; 4=Aware, severe distress	0	1	2	3	4

Dental Status	None	Minimal	Mild	Moderate	Severe
11. Current problems with teeth and/or dentures				<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the patient usually wear dentures?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Adapted from: Guy W. *ECDEU Assessment Manual for Psychopharmacology*. US Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976.

The AIMS Exam: A How-To Guide

Who should be assessed?

Patients taking antipsychotics or other dopamine receptor blocking agents should be assessed regularly for tardive dyskinesia (TD), which can develop in 7% to 30% of patients taking antipsychotics.¹

AIMS Overview

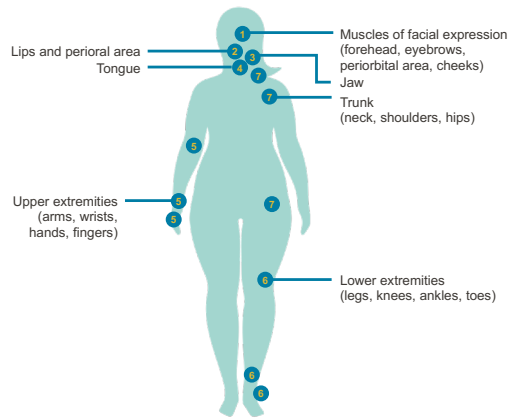
The Abnormal Involuntary Movement Scale (AIMS) is a 12-item observer-rated scale to assess TD severity.^{2,3}

- Items 1 to 7 assess the severity of movements in different body regions on a scale from 0 to 4

None, Normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4

- Item 8 rates the global severity of abnormal movements
- Item 9 measures incapacitation and item 10 measures awareness
- Items 11 and 12 assess dental status

The sum of items 1 to 7, which assess movement severity in the body regions shown below, has been described as the AIMS dyskinesia total score.



Tips for Performing the Exam²⁻⁴

BEFORE EXAM³

1 OBSERVE PATIENT



While walking to the exam room



While waiting

2 ASK PATIENT TO REMOVE



Gum



Shoes



Socks

3 SEAT PATIENT

In a firm chair with no arms



Real patient living with TD.

DURING EXAM

1 MOUTH OBSERVATION²

- Have patient open mouth, hold for 15 seconds, close, repeat for a total of 2 times
- Have patient protrude tongue, hold for 15 seconds, repeat for a total of 2 times



Observe tongue at rest and identify changes in tongue movement

3 NONPHYSICAL ACTIVATION MANEUVER⁴

Have patient recite the names of the months backward

OR

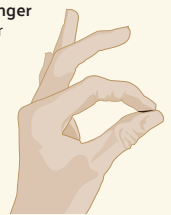
Count backward from 100



Observe facial and leg movements

2 FINGER TAPPING²

Have patient tap each finger rapidly to their thumb for 15 seconds per hand



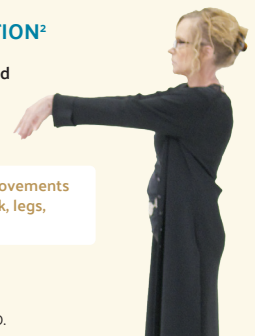
Observe facial and leg movements

4 ARM ELEVATION²

Have patient hold arms out flat, palms down



Observe movements of the trunk, legs, and mouth

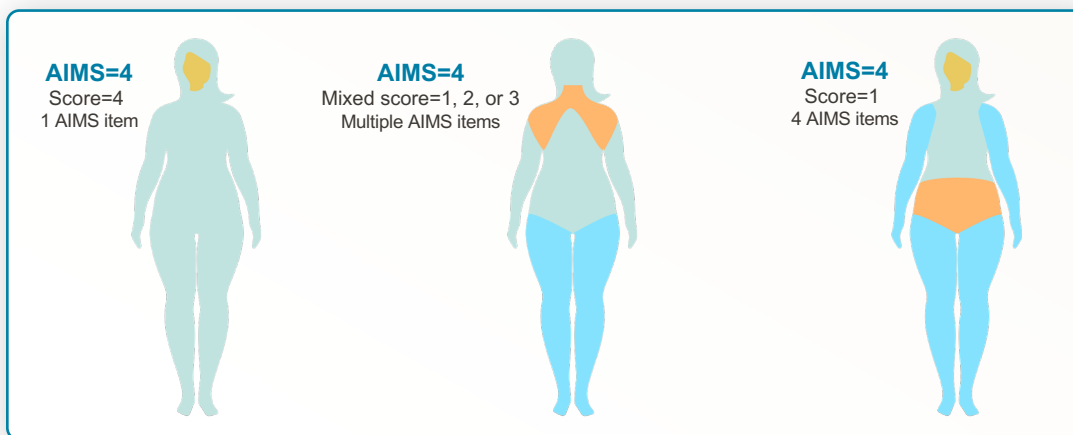


Real patient living with TD.

How to Score the AIMS Exam²

Items 1-7	Rate the highest severity observed	0=None; 1=Minimal or extreme end of normal; 2=Mild; 3=Moderate; 4=Severe
Item 8	Overall severity of abnormal movements	
Item 9	Rate on a 5-point scale	0=None; 1=Minimal or extreme end of normal; 2=Mild; 3=Moderate; 4=Severe
Item 10	Rate on a 5-point scale	0=No awareness; 1=Aware, no distress; 2=Aware, mild distress; 3=Aware, moderate distress; 4=Aware, severe distress
AIMS dyskinesia total score	Sum of items 1-7	

Remember... the same AIMS “dyskinesia total score” (items 1-7) can look different across patients²



The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia recommends that even patients with mild TD may be treated, depending on patient preference, associated impairment, or effect on psychosocial functioning.⁵



To watch the AIMS in practice, scan the QR code to view expert-led videos demonstrating the use of the AIMS with real patients.

References: 1. Carbon M, Hsieh CH, Kane JM, Correll CU. Tardive dyskinesia prevalence in the period of second-generation antipsychotic use: a meta-analysis. *J Clin Psychiatry.* 2017;78(3):e264-e278. 2. Guy W. *ECDEU Assessment Manual for Psychopharmacology.* US Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. 3. Munetz MR, Benjamin S. How to examine patients using the Abnormal Involuntary Movement Scale. *Hosp Community Psychiatry.* 1988;39(11):1172-1177. 4. Citrome L. Clinical management of tardive dyskinesia: Five steps to success. *J Neurol Sci.* 2017;383:199-204. 5. American Psychiatric Association. *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia.* 3rd ed. American Psychiatric Association; 2021.