

IS IT TIME TO TAKE A DIFFERENT TREATMENT APPROACH TO TARDIVE DYSKINESIA (TD)?

ANTICHOLINERGICS ARE NOT RECOMMENDED AND MAY AGGRAVATE EXISTING TD^{1,2}

According to the benztropine package insert²:

- Benztropine is **not recommended** for use in patients with TD
- Antiparkinsonism agents **do not alleviate** the symptoms of TD, and in some instances **may aggravate** them
- Benztropine is indicated as an adjunct in the treatment of parkinsonism and is useful in the control of extrapyramidal disorders (**other than TD**) due to neuroleptic drugs



2020 American Psychiatric Association (APA) guidelines¹

- Anticholinergic medications **do not improve and may even worsen TD**

2013 American Academy of Neurology (AAN) guidelines³

- There are **insufficient data** to recommend anticholinergics for the treatment of TD

IT IS IMPORTANT TO DIFFERENTIATE TD FROM ACUTE EXTRAPYRAMIDAL SYMPTOMS (EPS), AS EACH REQUIRES UNIQUE MANAGEMENT^{1,2,4}

WHEN
did onset occur?

WHAT
does it look like?

HOW
may it change?

	CONSIDER TD	CONSIDER ACUTE EPS
When	Delayed Generally emerges 3 months to years after initiating antipsychotics ^{5,7}	Acute Generally emerges hours, days, or weeks after initiating antipsychotics ^{5,7}
What	Athetoid – Slow, snake-like, and writhing movements ^{5,8} Choreiform – Rapid and jerky movements ^{5,8} • Involuntary movements often seen in the tongue, lower face, jaw, trunk, and upper and lower limbs ^{5,9} • Movements persist for at least a few weeks ⁵	Akathisia – Restlessness, an inner urge to move, fidgety movements of the legs, rocking from foot to foot, pacing, and inability to sit or stand still ⁵ Dystonia – Abnormal and prolonged contraction of the muscles of the eyes, head, neck, limbs, or trunk ⁵ Parkinsonism – Parkinsonian tremor, muscular rigidity, disturbed posture, difficulty moving and walking, and slowing of movement ^{5,6}
How	• May be associated with discontinuation of antipsychotics ^{5,6} • May be temporarily masked by antipsychotic dose increase ^{6,10} • May be worsened by anticholinergics ^{8,11}	• May resolve days after discontinuation of antipsychotics ⁶ • May be improved by anticholinergics ⁷

Clinical guidelines and recommendations for optimizing the management of TD



Screen regularly for TD

2020 APA guidelines¹

- 1 Screen for TD before starting or changing patients' DRBA treatment
- 2 Monitor for signs of TD at each visit
- 3 Conduct structured TD assessment every 6 to 12 months, depending on patient's risk, and if new or worsening movements are detected at any visit
- 4 Consider a diagnostic evaluation

2020 Delphi panel consensus recommendations¹²

- A clinical assessment for TD should be performed at every clinical encounter in all patients taking antipsychotics or DRBAs, regardless of the degree or risk for TD
- Consider possible TD in any patient with even mild movements (≥ 2 on AIMS) in one body area

DRBA, dopamine receptor blocking agent; AIMS, Abnormal Involuntary Movement Scale.



Preserve stable antipsychotic regimens

2013 AAN guidelines³

The 2013 AAN guidelines indicate that there is a lack of clear evidence to support or refute withdrawing causative agents or switching from first-generation to second-generation antipsychotics to treat TD.



Consider first-line treatment with a VMAT2 inhibitor

2020 APA guidelines¹

- Treatment with a VMAT2 inhibitor is recommended in patients with moderate to severe or disabling TD
- VMAT2 inhibitors can also be considered in patients with mild TD

Systematic review of evidence through 2018¹³

- New-generation VMAT2 inhibitors should be recommended as first-line therapy

2020 Delphi panel consensus recommendations¹²

- Treatment with a VMAT2 inhibitor should be considered as part of a comprehensive treatment plan

VMAT2, vesicular monoamine transporter 2.

VMAT2 inhibitors are considered first-line treatment for TD¹³

IT'S TIME
TO
TAKE ON TD[®]

Talk to your patients about managing their TD

There are FDA-approved treatment options. Learn about one at [TDtreatmentoption.com](https://www.tdtreatmentoption.com).

REFERENCES: 1. Keepers GA, Fochtmann LJ, Anzia JM, et al. *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia*. 3rd ed. American Psychiatric Association Publishing, 2020. <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841>. Accessed September 1, 2020. 2. Benzotropine mesylate [package insert]. Lake Forest, IL: Akorn; 2017. 3. Summary of evidence-based guidelines for clinicians: treatment of tardive syndromes. American Academy of Neurology website. <https://www.aan.com/Guidelines/Home/GetGuidelineContent/613>. Published 2013. Accessed August 22, 2018. 4. Ward KM, Citrome L. Antipsychotic-related movement disorders: drug-induced parkinsonism vs. tardive dyskinesia-key differences in pathophysiology and clinical management. *Neurol Ther*. 2018;7(2):233-248. 5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013. 6. Caroff SN, Hurford I, Lybrand J, et al. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neurol Clin*. 2011;29(1):127-148. 7. Pierre JM. Extrapyrimal symptoms with atypical antipsychotics: incidence, prevention and management. *Drug Saf*. 2005;28(3):191-208. 8. Task Force on Tardive Dyskinesia. *Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association*. Washington, DC: American Psychiatric Association; 1992. 9. Guy W. *ECDEU Assessment Manual for Psychopharmacology: Revised 1976*. Rockville, MD: National Institute of Mental Health; 1976. 10. Egan MF, Apud J, Wyatt RJ. Treatment of tardive dyskinesia. *Schizophr Bull*. 1997;23(4):583-609. 11. Miller DD, McEvoy JP, Davis SM, et al. Clinical correlates of tardive dyskinesia in schizophrenia: baseline data from the CATIE schizophrenia trial. *Schizophr Res*. 2005;80(1):33-43. 12. Caroff SN, Citrome L, Meyer J, et al. A modified Delphi consensus study of the screening, diagnosis, and treatment of tardive dyskinesia. *J Clin Psychiatry*. 2020;81(2):19cs12983. 13. Bhidayasiri R, Jitkriksadikul O, Friedman JH, Fahn OS. Updating the recommendations for treatment of tardive syndromes: a systematic review of new evidence and practical treatment algorithm. *J Neurol Sci*. 2018;389:67-75.