

Managing Antipsychotic-Associated Movement Disorders for Individuals With Mental Illness

Recommendations in the 2020 American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients With Schizophrenia¹



Monitoring for side effects is an important aspect of treatment with antipsychotics

- APA Practice Guideline for the Treatment of Patients With Schizophrenia suggests baseline and follow-up assessments for antipsychotic-associated movement disorders
- Clinical assessment of akathisia, dystonia, parkinsonism and other abnormal involuntary movements (including tardive dyskinesia [TD]) should be completed at baseline and at each visit



Regular assessment of patients for tardive syndromes* can assist in identifying movement disorders and determining treatment

- When using scales such as the Abnormal Involuntary Movement Scale (AIMS), it should be noted that there is no specific score threshold suggesting a need for intervention as identical scores can be associated with significantly different clinical manifestations and impacts for patients

*Tardive syndromes are persistent abnormal involuntary movement disorders caused by sustained exposure to antipsychotic medication, the most common of which are TD, tardive dystonia, and tardive akathisia.

Recommended Treatments for Tardive Dyskinesia

For the management of tardive dyskinesia (TD), the APA:



Recommends treatment with a reversible vesicular monoamine transporter 2 inhibitor (VMAT2) for patients with moderate-to-severe or disabling TD

- The benefit of modifying antipsychotic medication should be weighed against the risk of recurrence of mental illness symptoms or the possibility of worsening TD
- Other treatment options for TD were reviewed; however, the APA did not find sufficient evidence to support guidance for the use of any other treatments

- TD symptoms can range from mild to severe and are associated with significant effects on quality of life. Even patients with mild symptoms can experience negative effects on quality of life
- Per the APA, treatment with a VMAT2 inhibitor can also be considered for patients with mild TD based on factors such as patient preference, associated impairment, or effect on psychosocial functioning

Reference: 1. American Psychiatric Association. The American Psychiatric Association Draft Practice Guideline for the Treatment of Patients With Schizophrenia. <https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines/review-draft-guidelines>. Accessed May 23, 2022.