Tardive Dyskinesia: A resource for New Mexico Developmental Disabilities Waiver Providers April 2020

Introduction

The New Mexico Department of Health- Developmental Disabilities Supports Division (DDSD), in conjunction with the University of New Mexico Continuum of Care Project (COC) and the UNM Transdisciplinary Evaluation, Assessment and Support Clinic (TEASC), has created this resource document for DD Waiver Interdisciplinary Team members and Agencies.

Review of Tardive Dyskinesia

Tardive Dyskinesia (TD) is one of a group of potential side effects that can occur from drugs that block dopamine receptors. These medications include antipsychotics, neuroleptics and other drugs. The effects of dopamine antagonists are often referred to as *extrapyramidal symptoms or side effects* (EPS). Other types of EPS are listed below.

TD is characterized by slow, repetitive, involuntary movements (without purpose) which may include one or more of the following:

- Bradykinesia including muscle weakness or freezing, flat facial expressions, shuffling gait or difficulty walking.
- Rigidity
- Movement of lips and tongue such as grimacing, lip smacking, sticking the tongue out or thrusting
- Repetitive chewing, jaw swinging
- Rapid or impaired blinking
- Writhing movements of the fingers or pill rolling tremor
- Rapid or writhing arm movements
- Toe tapping, moving the leg up and down
- Twisting and bending of the torso may be seen in extreme cases

Tardive Dyskinesia (TD) is usually caused by long term use of antipsychotic or neuroleptic medications but it may arise within 6 weeks of initial use. Persons with neurological or degenerative conditions of the central nervous system are at increased risk for developing TD but are not always guaranteed to develop the symptoms. Persons with fetal alcohol syndrome or other developmental disabilities and other brain disorders (such as dementia) are *very vulnerable to developing TD,* possibly after receiving one dose.

TD symptoms may change over time and may wax and wane in severity. They may increase with anxiety or lack of sleep and decrease with relaxation including disappearing during sleep or under anesthesia. Moderate to severe TD can interfere with activities of daily living and severe TD may impair the ability to eat and drink resulting in weight loss and increased risk of aspiration.

Other types of EPS that are associated with neurolopics and dopamine antagonists include akathisia, acute dystonia, and other hyperkinetic dyskinesias.

Medications related to Tardive Dyskinesia

This page contains a list of medications commonly associated with Tardive Dyskinesia. Please note that this list has been updated and *medications in italics are new* to this edition of the list. Also be alert for combination medications that have another drug listed first and contain one of the medications listed below.

Antipsychotics: includes miscellaneous and Thorazine derivatives groups

aripiprazole-(Abilify) *asenapine (e.g., Saphris)* *brexpiprazole (e.g., Rexulti)* *cariprazine (e.g., Vraylar)* chlorpromazine (Thorazine) *chlorprothixene (e.g., Tarctan)* clozapine (Clozaril, Versacloz) *droperidol (e.g., Inapsine)* fluphenazine (and it's decanoate) haloperidol (Haldol) *iloperidone (e.g. Zomaril)* loxapine (Loxitane) *lurasidone*	mesoridazine (Serentil) molindone (Moban) olanzapine (Zyprexa) *paliperidone* perphenazine (Trilafon) *pimozide (e.g., Orap)* prochlorperazine (Compazine) quetiapine (Seroquel) risperidone (Risperdal) thioridazine (Mellaril) thiothixene (Navane) trifluoperazine (Stelazine) ziprasidone (Geodon/Zeldox)

Other Medications

- Metoclopramide (e.g., Reglan, Octamide, and Maxolon)
    - **Note: Metoclopramide now has a Black Box warning because of the risk for tardive dyskinesia, including a warning to avoid use for more than 12 weeks. Use should be discussed with the person's primary care provider or other prescriber.**
- Clomipramine (Anafranil) used for OCD and other disorders
- Trihexyphenidyl (Artane, Trihexane, Tritane) and some other anti-Parkinson drugs
- Anti- depressive medications, including tricyclics, SSRIs and others, have been associated with the development of TD, though appears to be less likely than with neuroleptics.

Recommended Actions

DD Waiver nurses are advised to contact the prescribing physician or primary care practitioner (PCP) to determine the following:

1. Is screening for tardive dyskinesia indicated for the DD Waiver recipient?
2. If so, who should conduct the screening ?
    a. Many PCPs or specialists prefer to complete any screening they feel warranted during face to face visits with the person, since they are able to best differentiate possible extrapyramidal symptoms from their ongoing neurological presentation related to their IDD diagnoses.
    b. Some DD Waiver nurses are comfortable completing a standardized tool such as the AIMS or DISCUS. Other are not. If the Agency nurse is not comfortable completing any ongoing screening requested by the PCP, this should be communicated to the prescriber and arrangements should be made for the ordering PCP to screen the person during planned visits.
    c. What method of screening is preferred or ordered? This may be a standardized tool or a clinical examination conducted by the practitioner. Standardized tools include, but are not limited to, the Abnormal Involuntary Movement Scale (AIMS) and the Dyskinesia Identification System (DISCUS).
    d. If screening is needed, how frequently should it be performed?
3. Determine if laboratory tests are needed for monitoring other possible side effects.
4. The prescribing PCP or specialist's orders should be noted, implemented, retained in the permanent medical record and conveyed to the IDT members as needed.
5. If noted, the IDT members should promptly communicate any signs of Tardive Dyskinesia to the ordering provider and document their actions.

References

Glazer WM. Clin Psychiatry. 2000;61 Suppl 3:16-21. **Extrapyramidal side effects, tardive dyskinesia, and the concept of atypicality.**
http://www.ncbi.nlm.nih.gov/pubmed/10724129

National Alliance on Mental Illness,
http://www.nami.org/Template.cfm?Section=by_illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10569

Tardive Dyskinesia Center
http://www.tardivedyskinesia.com/diagnosis/

Tardive Dyskinesia Medications: Drugs.com.
http://www.nami.org/Template.cfm?Section=by_illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=10569

Tardive Dyskinesia: MedlinePlus Medical Encyclopedia.
http://www.nlm.nih.gov/medlineplus/ency/article/000685.htm

Tardive Dyskinesia: Medscape
https://emedicine.medscape.com/article/1151826-overview

AIMS:

http://www.atlantapsychiatry.com/forms/AIMS.pdf

DISCUS:

http://cpnp.org/_docs/ed/movement-disorders/scale/discus.pdf