# TARDIVE DYSKINESIA (TD):
# COMMONLY IMPAIRING, OFTEN UNTREATED[1,2]

Anyone taking an antipsychotic drug is at risk for TD, with an estimated 785,000 Americans impacted. However, only ~15% are diagnosed with TD and ~5% receive appropriate treatment.

**In IMPACT-TD,* the largest TD study to date...**

## 95% of individuals were negatively impacted in some aspect of daily living. The majority experienced impact across multiple areas:

**Social interactions**

**Daily functioning**

**Communication**

**Sleep**

**Self-esteem**

The impact of untreated TD may extend beyond the patient/resident. It can impact the lives of those caring for them, and may even impact the Star Rating of a long-term care facility.[3,4]

***SEVERITY OF MOVEMENTS*** ≠ ***SEVERITY OF IMPACT***

**Over half of individuals with mild TD experience moderate-to-severe impact[1]**

## TD movements are distinct from other movement disorders[1,5-7]

**Indicators that uncontrollable movements may be TD include:**

- Movements occur **months or years** following administration of an antipsychotic
  - Elderly individuals may develop TD symptoms in a shorter period of time
- Movements are **irregular, unpredictable, jerky, and twitchy**
- Movements are **excessive and continuous**
- Despite movements, patients/residents have **normal muscle tone**

Learn more about the signs and symptoms of TD at tardiveimpact.com/what-is-td

**Anyone can make a difference. Help identify potential TD movements and their impact using the following checklist.**

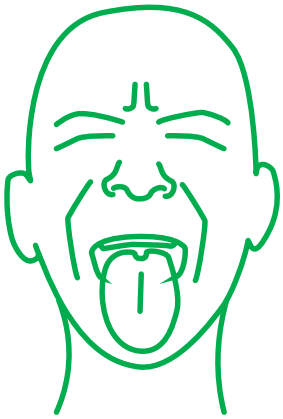
*IMPACT-TD Registry is a 3-year, prospective, non-interventional, Phase 4 study evaluating how TD progresses over time and the impact TD has on patients' lives. The most recent analysis included 611 adult patients either with probable TD (defined as a score of 2 or greater on at least 1 Abnormal Involuntary Movement Scale [AIMS] item) or taking a vesicular monoamine transporter 2 (VMAT2) inhibitor, and studied a broad representation of people affected by TD (age, sex, race/ethnicity, underlying conditions, movement severity, and treatment status).[1]

**REFERENCES: 1.** Data on file. Parsippany, NJ: Teva Neuroscience, Inc. **2.** Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. **3.** Jain R, Ayyagari R, Goldschmidt D, Zhou M, Finkbeiner S, Leo S. Impact of tardive dyskinesia on patients and caregivers: a survey of caregivers in the United States. *J Patient Rep Outcomes*. 2023;7(1):122. **4.** Centers for Medicare & Medicaid Services. Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide. Centers for Medicare & Medicaid Services; January 2025. **5.** 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. **6.** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2013. **7.** Caroff SN. Overcoming barriers to effective management of tardive dyskinesia. *Neuropsychiatr Dis Treat*. 2019;15:785-794. **8.** Warikoo N, Schwartz TL, Citrome L. Tardive dyskinesia. In: Schwartz TL, Megna J, Topel ME, eds. *Antipsychotic Drugs: Pharmacology, Side Effects and Abuse Prevention*. Nova Science Publishers, Inc; 2013:235-258. **9.** Ascher-Svanum H, Zhu B, Faries D, Peng X, Kinon BJ, Tohen M. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. *J Clin Psychiatry*. 2008;69(10):1580-1588. **10.** Yassa R. Functional impairment in tardive dyskinesia: medical and psychosocial dimensions. *Acta Psychiatr Scand*. 1989;80(1):64-67. **11.** Strassnig M, Rosenfeld A, Harvey PD. Tardive dyskinesia: motor system impairments, cognition and everyday functioning. *CNS Spectr*. 2018;23(6):370-377. **12.** Waln O, Jankovic J. An update on tardive dyskinesia: from phenomenology to treatment. *Tremor Other Hyperkinet Mov (N Y)*. 2013;3:tre-03-161-4138-1. **13.** Jackson R, Brams MN, Carlozzi NE, et al. Impact-Tardive Dyskinesia (Impact-TD) scale: a clinical tool to assess the impact of tardive dyskinesia. *J Clin Psychiatry*. 2023;84(1):22cs14563.

teva

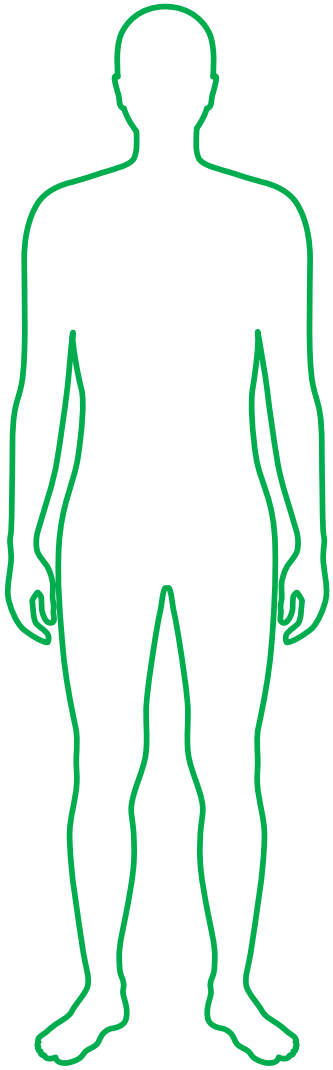
# Formal TD assessment suggested

**Instructions for observer:** Select the areas of the body where the potential TD movements were observed. When finished, please share this assessment with the patient's or resident's treating provider for follow-up evaluation.[5,8]



## Head/face

- ☐ **Eyes:** Rapid blinking, brow wrinkling
- ☐ **Face:** Involuntary grimacing
- ☐ **Mouth/lips/tongue:** Puckering, pursing, lip smacking, tongue protrusion
- ☐ **Other:**



## Trunk

- ☐ **Neck/shoulders:** Rapid movements, shoulder shrugging
- ☐ **Diaphragm:** Grunting or other sounds with each breath
- ☐ **Hips:** Pelvic rocking
- ☐ **Other:**

## Upper extremities

- ☐ **Arms:** Uncontrolled movements
- ☐ **Fingers/wrists:** Flexing of fingers/wrists, finger tapping
- ☐ **Other:**

## Lower extremities

- ☐ **Legs:** Uncontrolled movements
- ☐ **Toes/ankles:** Flexing of toes/ankles
- ☐ **Other:**

**See the following page for impact assessment**

Patient/Resident name: _____

Provider: _____ Date: _____

Movements observed by: _____

**Instructions for observer:** Have you observed abnormal movements affecting a patient's or resident's daily life? Select all areas that apply. When finished, please share this assessment with the treating provider for follow-up evaluation.[1,9-13]

## Social/vocational factors

- ☐ Negative effect on relationships
- ☐ Social isolation
- ☐ Withdrawal/avoidance of people
- ☐ Inability or reduced ability to perform job duties (if applicable)

## Physical/biological factors

- ☐ Difficulty walking/ maintaining balance
- ☐ Difficulty eating (eg, spilling food, dropping utensils)
- ☐ Difficult/labored breathing
- ☐ Pain
- ☐ Dental issues

## Psychological/psychiatric factors

- ☐ Feeling depressed and/or anxious
- ☐ Experiencing irritability, frustration, and/or anger
- ☐ Feeling hopeless or loss of sense of purpose
- ☐ Difficulty focusing
- ☐ Low self-esteem
- ☐ Exacerbation of underlying psychiatric condition
- ☐ Disruption to psychiatric treatment

**Notes** (eg, description of movement observed or daily impact reported, relevant medical history):