Has your patient developed a drug-induced movement disorder (DIMD)?

It is important to differentiate TD from acute DIMDs, as each requires unique management[1,2]

Tardive dyskinesia (TD) is clinically distinct from acute DIMDs[1]

- TD is a medication-induced movement disorder associated with prolonged exposure to dopamine receptor blocking agents (DRBAs), including antipsychotics[1]
- TD may be worsened by anticholinergics[3,4]

While TD and acute DIMDs may coexist, they are unique disorders that require specific management[1,2,5]

- Acute DIMDs may also occur after exposure to antipsychotics[1,2]
- Presence of acute DIMDs are associated with a higher risk of developing TD[2]
- Acute DIMDs may be improved by anticholinergics[4]

What **3 key characteristics** make TD clinically distinct?

1. **TD onset is delayed[1]**
2. **TD involuntary movements can be slow, snake-like, and writhing or rapid and jerky[1,5]**
3. **TD is often persistent and may not improve without treatment[1,2]**

SEE REVERSE SIDE FOR FURTHER DETAILS ON IDENTIFYING TD >

Glossary of select movement disorders

A diagnosis of tardive dyskinesia is based on a history of prolonged exposure to DRBAs, characteristic clinical presentation, and exclusion of other abnormal movement disorders with similar phenomenology.[6]

Tardive dyskinesia[1,2,7-9]

- Abnormal, involuntary movements that may be choreiform (rapid, jerky, nonrepetitive), athetoid (slow, sinuous, continual), or semirhythmic (eg, stereotypies) in nature
- Orofacial movements are the most obvious presentation, but involuntary movements may also impact upper and lower limbs, neck, and trunk
- Signs or symptoms may develop during current antipsychotic use or within weeks of withdrawal (4 weeks from oral agent or 8 weeks from long-acting injectable)
- Generally emerges 3 months to years after initiating antipsychotics but may emerge as early as 1 month in individuals ≥60 years

ICD-10 CODE FOR TARDIVE DYSKINESIA

G24.01 Drug induced subacute dyskinesia

Disclaimer: This coding information is intended solely for educational purposes regarding possible codes applicable to tardive dyskinesia. Coding information is subject to change. Neurocrine disclaims any responsibility for claims submitted by providers or physicians. It is the provider's responsibility to determine appropriate codes, charges, and modifiers, and to submit bills for services and products consistent with what was rendered as well as the patient's insurer requirements. Third-party payers may have different coding requirements. Such policies can change over time. Providers are encouraged to contact third-party payers for each patient to verify specific information on their coding policies.

Acute drug-induced movement disorders (DIMDs)

DRUG-INDUCED PARKINSONISM[1,2]

- Tremor, slowing of movement, rigidity, reduced blink rate, reduced arm swing, flexed posture, and shuffling or freezing gait
- Generally emerges within days or weeks to years of initiating or increasing dosing of antipsychotics

ACUTE AKATHISIA[1,2,4]

- Inner feeling of restlessness and inability to remain seated
- May be associated with foot tapping, shuffling, shifting weight, or rocking, resulting from an urge to move
- Generally emerges within days to months of initiating or increasing dosage of antipsychotics

ACUTE DYSTONIA[1,2,4]

- Pulling, twisting, sustained and repetitive movements that are usually focal
- Generally emerges within a few hours or days of initiating or increasing dosage of antipsychotics

Visit MIND-TD.com to get expert-guided information on screening, identification, and differential diagnosis.

Other abnormal movements

TREMOR[1,10]

- Involuntary, rhythmic movements that are repetitive and of regular frequency and amplitude
- Action tremors are a voluntary contraction of muscles; the most common cause of action tremors is essential tremor
    - Essential tremor may be postural or kinetic in character, mainly affects the hands, is usually bilateral, has a frequency of 4–12 Hz, and is largely symmetrical
- Resting tremors occur in a body part that is not voluntarily activated and is completely supported against gravity; the most common cause of resting tremor is idiopathic Parkinson's disease
    - Parkinsonian tremor may affect the hands and legs, is asymmetrical, has a frequency of 3–6 Hz, and often occurs with other neurological or extrapyramidal signs

TIC[1]

- Sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations
- Simple motor tics have short duration (ie, milliseconds) and can include eye blinking, shoulder shrugging, and extension of extremities
- Complex motor tics are of longer duration (ie, seconds) and often include simple tics such as head turning and shoulder shrugging
- Tics are often preceded by an unpleasant sensory experience and may be voluntarily suppressed for brief periods of time
- Onset of tics generally occurs prior to age 18 years; new onset of tic symptoms in adults should be evaluated to rule out other movement disorders or specific etiologies

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Consider 3 key questions when assessing patients for TD

		OTHER DRUG-INDUCED MOVEMENT DISORDERS		
	TARDIVE DYSKINESIA	**DRUG-INDUCED PARKINSONISM**	**ACUTE AKATHISIA**	**ACUTE DYSTONIA**
What are the symptoms?[8,9]	**Movements may be:** • Repetitive, purposeless, • Rapid, jerky, nonrepetitive, and/or • Slow, sinuous, continuous • Can affect any body part	• Tremor • Slowing of movement • Rigidity • Reduced blink rate • Reduced arm swing • Flexed posture • Shuffling or freezing gait	• Inner feeling of restlessness and inability to remain seated • May be associated with foot tapping, shuffling, shifting weight, or rocking, resulting from an urge to move	• Pulling, twisting, sustained and repetitive movements that are usually focal
When did it start?[9,a]	Weeks to years[b]	Days or weeks to years	Days to months	Hours to days
How may it change?[9-11]				
Antipsychotic decrease	May be revealed or worsened	Improves	Improves	Improves
Antipsychotic increase	May temporarily improve or be "masked"	Worsens	Worsens	Worsens
Adding anticholinergics	May worsen	May improve	May not respond	May improve

[a]After initiating or increasing the antipsychotic dose. Onset may occur earlier or later than the typical timeframes listed here.
[b]TD may be "masked" by antipsychotic treatment and first appear after antipsychotics are reduced or withdrawn.

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CP-TD-US-0061v5 03/2023