

TARDIVE DYSKINESIA (TD) FACT SHEET

Tardive dyskinesia (TD) is an involuntary movement disorder that is characterized by uncontrollable, abnormal and repetitive movements of the face, torso and/or other body parts.^{1,2} TD may develop after a few months of taking medication to treat bipolar disorder, depression, or schizophrenia.^{1,3,4}

TD is estimated to affect approximately

600,000

people in the United States^{4,5}



Not an actual patient

Specific TD movements may include:^{2,6}

- Lip smacking, puckering or pursing
- Tongue darting or protrusion
- Excessive blinking
- Jaw swinging, chewing or grimacing
- Twisting or dancing fingers and toes

Movements may appear to be:^{2,6}



Rapid and jerky



Slow and writhing

Even though TD can look or feel different from day to day, the symptoms may be persistent and often irreversible.¹

According to a survey* of 2,500 patients taking antipsychotic medications, those diagnosed with TD (n=322) reported the condition moderately to extremely affects their:^{8**}



47%

Ability to Work[†]



61%

Ability to Sleep[†]



39%

Ability to Exercise[†]



68%

Self-esteem[†]

*The survey, which was conducted by an independent market research company, evaluated 2,500 patients on medications such as antipsychotics, including 322 patients diagnosed with TD, 726 undiagnosed patients that had experienced symptoms consistent with TD and 1,452 asymptomatic patients.

**Responses based on survey questions: †How has your ability to perform the following daily activities been affected? ‡How have the following areas of your life been affected, if at all? Rating scale: 1-5 from "not at all affected to extremely negatively affected."

What Causes TD?

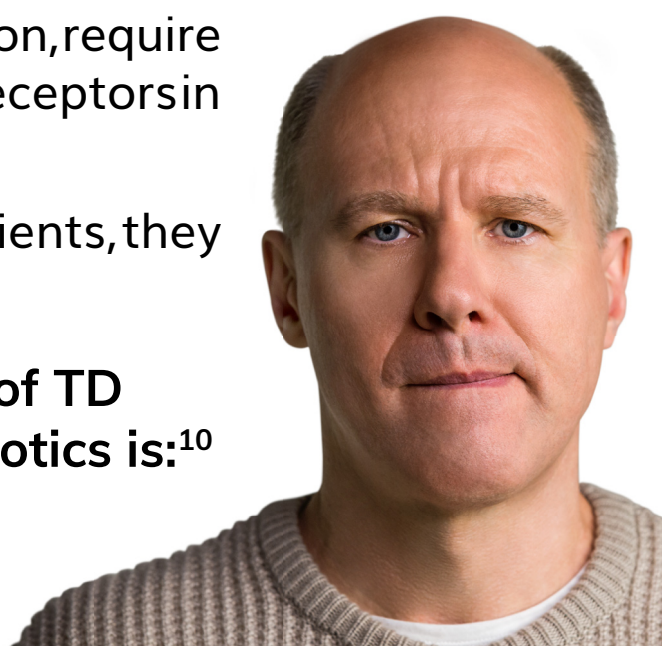
Many people with serious, chronic mental illness, such as schizophrenia, bipolar disorder and severe depression, require treatment with medications that block dopamine receptors in the brain, such as antipsychotics^{1,9}

While these medications can be very helpful for patients, they can also cause TD¹

Research suggests the overall prevalence of TD following prolonged treatment with antipsychotics is:¹⁰

Up to 30%

Not an actual patient



ALTHOUGH IT IS NOT KNOWN WHY SOME PEOPLE DEVELOP TD, RISK FACTORS FOR DEVELOPING THE CONDITION INCLUDE:

- ✓ Treatment with antipsychotic medications for a few months or longer^{9,11}
- ✓ Having a mood disorder, such as depression or bipolar disorder¹
- ✓ Older age (55+)¹²
- ✓ Substance abuse¹³
- ✓ Being post-menopausal¹⁴

Where there was once no hope, today there are options available to help those living with TD manage their symptoms. Learn more by visiting www.TalkAboutTD.com and following @TalkAboutTD on Twitter and Facebook.

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013:712. 2. Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. American Psychiatric Association; Washington, DC; 1992. 3. Kenney, C, Hunter, C, Davidson, A. Metaclopramide, an Increasingly Recognized Cause of Tardive Dyskinesia. J Clin Pharmacol. 2008;48(3):379-384. 4. Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. Neurotherapeutics. 2014;11(1):166-176. 5. Data on file. Neurocrine Biosciences. 6. Guy W. ECDEU Assessment Manual for Psychopharmacology. Revised 1976. Rockville, MD: National Institute of Mental Health; 1976. 7. Ascher-Svanum, H, et al. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. J Clin Psych. 2008;69(10):1580-1588. 8. Data on file. Neurocrine Biosciences. 9. Kenney, C, Hunter, C, Davidson, A. Metaclopramide, an Increasingly Recognized Cause of Tardive Dyskinesia. J Clin Pharmacol. 2008;48(3):379-384. 10. Carbon, M, et al. Tardive Dyskinesia Prevalence in the Period of Second-Generation Antipsychotic Use: A Meta-Analysis. J Clin Psychiatry. 2017;78(3):e264-e278. 11. Glazer, WM, et al. Predicting the long-term risk of tardive dyskinesia in outpatients maintained on neuroleptic medications. J Clin Psychiatry. 1993;54(4):133-139. 12. Woerner, MG, et al. Prospective study of tardive dyskinesia in the elderly: rates and risk factors. Am J Psychiatry. 1998;155(11):1521-1528. 13. Miller DD, et al. Clinical correlates of tardive dyskinesia in schizophrenia: baseline data from the CATIE schizophrenia trial. Schizo Res. 2005;80(1):33-43. 14. Seeman, MV. Interaction of sex, age, and neuroleptic dose. Compr Psychiatry. 1983;24(2):125-128.