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MADISON NEUROLOGY LLC

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Tardive Dyskinesia

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Tardive dyskinesia (TD) is an involuntary movement disorder caused by long-term use of dopamine-blocking medications — most often antipsychotics, but also certain anti-nausea drugs (metoclopramide, prochlorperazine). It causes repetitive, purposeless movements, classically of the mouth and face (lip smacking, chewing motions, tongue movements), and sometimes of the trunk and limbs.

How does it happen?

Prolonged dopamine blockade makes movement circuits hypersensitive to dopamine. Risk rises with duration of use, age, and dose; metoclopramide is a common non-psychiatric culprit. TD can persist even after the drug is stopped ('tardive' = delayed and potentially lasting), which is why prevention and early detection matter.

Common symptoms

- Repetitive lip smacking, chewing, puckering, or tongue darting
- Facial grimacing or blinking
- Writhing movements of fingers, hands, or feet
- Rocking or shifting trunk movements
- Movements worsened by stress and disappearing in sleep

How is it diagnosed?

Diagnosis is clinical — the movement pattern plus a history of dopamine-blocker exposure. Regular screening (e.g., the AIMS examination) is recommended for anyone on these medications, because early detection improves outcomes.

How is it treated?

First, review the medication: the offending drug may be reduced, switched (e.g., to clozapine or quetiapine in psychiatry), or stopped — always in coordination with the prescriber, since the underlying condition needs protection. VMAT2 inhibitors (valbenazine, deutetrabenazine) are FDA-approved specifically for TD and reduce movements substantially. Stopping the causative drug does not guarantee resolution, so targeted treatment is often needed regardless.

What does the future hold?

With modern VMAT2 inhibitors, most patients achieve meaningful reduction in movements, often within weeks. Mild cases may remit after the drug is changed; long-standing severe TD is more persistent but still treatable. Never stop a psychiatric medication abruptly — the plan is made together with psychiatry.

Questions patients commonly ask

Q: Will it go away if the medication stops?

A: Sometimes, especially if caught early — but TD can persist, which is why specific anti-TD medications were developed.

Q: Do I have to choose between my mental health and these movements?

A: Usually not — psychiatric regimens can often be adjusted, and VMAT2 inhibitors treat the movements without disturbing psychiatric stability.

Q: Is TD the same as Parkinson's?

A: No — they're nearly opposite problems (dopamine excess vs. deficiency); Parkinson's drugs do not treat TD.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673
- **NAMI (National Alliance on Mental Illness)** — nami.org — 1-800-950-6264

(Organization contact details were current at the time of compilation; please verify online.)

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