

Tardive Dyskinesia:
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Recommendations for the Prevention and Management of Tardive Dyskinesia

1. Review indications for neuroleptic drugs, and consider alternative treatments when available.
2. Educate the patient and his or her family regarding benefits and risks. Obtain informed consent for long-term treatment, and document it in the medical record.
3. Establish objective evidence of the benefit from neuroleptics, and review it periodically (at least every 3–6 months) to determine ongoing need and benefit.
4. Utilize the minimum effective dosage for chronic treatment.
5. Exercise particular caution with children, the elderly, and patients with affective disorders.
6. Examine the patient regularly for early signs of dyskinesia, and note them in the medical record.
7. If dyskinesia does occur, consider an alternative neurologic diagnosis.
8. If presumptive tardive dyskinesia is present, reevaluate the indications for continued neuroleptic treatment and obtain informed consent from the patient regarding continuing or discontinuing neuroleptic treatment.
9. If a neuroleptic is continued, attempt to lower the dosage.
10. If dyskinesia worsens, consider discontinuing the neuroleptic or switching to a new neuroleptic. At present, clozapine may hold some promise in this regard, but it is important to stay alert to new research findings.
11. Many cases of dyskinesia will improve and even remit with neuroleptic discontinuation or dosage reduction. If treatment for tardive dyskinesia is indicated, utilize more benign agents first (e.g., benzodiazepines and tocopherol), but keep abreast of new treatment developments.
12. If movement disorder is severe or disabling, consider obtaining a second opinion.