

# American Psychiatric Association



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Dear APA Member:

Neuroleptic (antipsychotic) drugs have proven to be effective in the treatment of schizophrenia and other psychoses. However, the American Psychiatric Association has become increasingly concerned with the risk of tardive dyskinesia and the need for cautious use of these agents. American psychiatrists have been aware of tardive dyskinesia for some time and as an outgrowth of continuing concern, the American Psychiatric Association established a task force on late neurological effects of antipsychotic drugs in 1977 and its report was published in 1980 (American Psychiatric Association Task Force Report #18). The APA in recognition of this continued problem has established a second Task Force on Tardive Dyskinesia. The Task Force will review and summarize new research findings, develop new guidelines for neuroleptic utilization, monitoring, informed consent and education.

The overall lifetime risk for developing TD is unknown. Although prevalence estimates vary widely from population to population, the previous task force estimated that at least 10 to 20% of patients in mental hospitals and at least 40% of elderly, chronically institutionalized or outpatients exhibit more than minimal signs of probable tardive dyskinesia attributable to or associated with neuroleptic drug treatment (Task Force Report #18, p 44). Although the majority of cases are mild and not progressive, severe, persistent and disabling forms of the disorder do occur in both adults and children.

Our concern as physicians is increased because neuroleptic drugs are sometimes used in clinical situations where other drugs or non-pharmacological treatments would be primarily indicated. We are further concerned about the apparent increase in litigation over tardive dyskinesia. In this context we would emphasize the importance of adequately documented informed consent.

The APA is initiating a major educational campaign for physicians, other mental health professionals and the lay public. The task force is working with the Food and Drug Administration, the National Institute of Mental Health and other professional organizations.

A brief summary of current information and recommendations on tardive dyskinesia is enclosed. We invite your comments.

The APA needs your advice and assistance in this

campaign. You are encouraged to serve whenever possible as consultants to medical colleagues in nursing homes, correctional facilities, institutions for the developmentally disabled and other facilities where the prudent use of neuroleptic agents is extremely important.

Sincerely yours,

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American Psychiatric Association  
Task Force on Tardive Dyskinesia

## Tardive Dyskinesia

Tardive dyskinesia (TD) is a syndrome of choreoathetoid and/or other involuntary movements that may affect mouth, lips, tongue, arms, legs or trunk; TD is associated with the long-term (usually greater than 6 months) use of neuroleptics.

The proportion of patients developing abnormal involuntary movements is believed to increase with increasing length of treatment or total exposure to neuroleptics. The syndrome can develop after relatively brief (3 to 6 months) treatment periods at low dosages. However, it is impossible at present to identify which patients are at risk.

In cross-sectional studies, the majority of cases are judged to be mild (i.e., not obvious to the untrained observer or subjectively troublesome to the patient).

Identification and diagnosis are complicated by the fact that neuroleptic drugs may mask TD symptoms. Drug discontinuation or dosage reduction may reveal previously masked symptoms.

Although there are few long-term follow-up studies, the condition does not appear to be generally progressive. The prevalence of tardive dyskinesia does increase with age.

The course of the condition is difficult to predict in individual patients. Though some cases will have symptoms resolved, a proportion of patients will show persistent dyskinesias even after drug discontinuation.

There is no established treatment for tardive dyskinesia.

### Recommendations for the use of neuroleptics

Long-term use of neuroleptics is primarily indicated in schizophrenia, paranoia, childhood psychoses and certain neuropsychiatric disorders such as Gilles de La Tourette's syndrome and Huntington's disease. Short-term administration (less than 6 months) is justifiable in many cases of acute psychotic episode, severe mania or agitated depression and certain organic mental disorders. Rarely, patients with other conditions who have not responded to alternative treatment may benefit from the use of neuroleptics.

All patients receiving long-term treatment require periodic evaluation and documentation of continued need and benefit.

The benefits and risks of long-term neuroleptic treatment should be discussed with patients and families and their informed consent to treatment documented.

Patients should be routinely examined for signs of tardive dyskinesia.

Neuroleptic drugs should be administered at the lowest effective dosage. Attempts at dosage reduction and in some cases (depending upon clinical state, past history, etc.) drug discontinuation should be considered.