**Summary of Articles Concerning TD in the Elderly Caused by Neuroleptics, Compiled by Peter R. Breggin, MD**

The following is a sample of literature concerning the astronomical rates of neuroleptic-induced tardive dyskinesia in the elderly. The term elderly is misleading. It is variously defined as over age 45, 55 or 65. However, in Mr. Holtshouser’s case he received the neuroleptic over a span of about 8 years starting at the age of 79.

 All of the scientific studies were published before 1999 and therefore available before Mr. Holtshouser was started on metoclopramide. The sources are excellent, including the most highly regarded journals and source books:

(1) Jeste, D., Lacro, J., Gilbert, P., Kline J., and Kline, N. (1993). Treatment of late-life schizophrenia with neuroleptics. Schizophrenia Bulletin, 19 (4), 817-830. Patients over age 45. Prospective study, 25% cumulative rate in one year, but if they used less stringent criteria, it rose to 45% (p. 822).

(2) Jeste, D. (2000). Tardive dyskinesia in older patients. J Clin Psychiatry 61 (suppl 4): 27-32. “Neuroleptic-induced tardive dyskinesia, which often appears in middle-aged and older adults early in the course of treatment with low doses of conventional antipsychotics is 5 to 6 times more prevalent in elderly tan in your patients.” P. 27.

(3) Yassa, R., Natase, C., Camille, Y, and Belzile, L. (1988). Tardive dyskinesia in a psychogeriatric population. Chapter 9, pp. 125-133, in Wolf, M. and Mosnaim, A., Trdive Dyskinesia: Biological Mechanisms and Clinical Aspects, Washington, DC: American Psychiatric Association. 41% prevalence of TD in 24 months (p. 130)

(4) Saltz, B., Woerner, M., Kane, J., Lieberman, J., Alvir, J. et al. Prospective study of tardive dyskinesia incidence in elderly. (991). JAMA 266:2402-2406. 55 years and older. 31% incidence after 43 weeks

(5) Caligiuri, M., Lacro, J., Rockwell, E., McAdams, L, and Jeste, D. (1997). Incidence and risk factors for severe tardive dyskinesia in older patients. British Journal of Psychiatry 171, 148-153. Middle age and elderly. Severe TD only. 2.5% one year, 12.1% 2 years and 22.9% 3 years.

(6) Woerner, M., Alvir, J., Saltz, B., Lieberman, J. and Kane, J. (1998). Prospective study of tardive dyskinesia in the elderly: Rates and risk factors. American Journal of Psychiatry, 155, 1521-1528. . 55 years and older. Rates 3-5 times higher than in younger. 25%, 34% and 53% at 1, 2 and 3 years.

(7) Yassa, R., Nastase, C., Dupont, D., & Thibeau, M. (1992). Tardive dyskinesia in

 elderly psychiatric patients: A 5-year study. American Journal of Psychiatry, 149, 1206-1211. Prevalence of 35.4%.

(8) Paulsen, J., Caligiuri, M., Palmer, B., McAdams L., and Jeste, D. (1996). Psychopharmacology, 123, 307-314. Mild TD. Incidence of orofacial TD was 38.5 and 65.7 at 1 and 2 years; limb and truncal TD 18.6 % and 32.6%.

(9) Jeste, D., Caligiuri, M., Paulsen, J., Heaton, R., Lacro, J., Harris, J., Bailey, A., Fell, R. and McAdams, L. (1995). Risk of tardive dyskinesia in older patients: A prospective longitudinal study of 266 outpatients. Archives of General Psychiatry, 52, 756-765. Middle-aged and elderly 26%, 52%, and 60% after 1, 2, and 3 years.

(10) The American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR 2000, p. 803-804) (also the earlier 1994 edition) cites an incidence of 25-30% after a cumulative exposure of one year and a prevalence of up to 50% for elderly with TD.