PRIMARY DYSTONIA RATES VS. TARDIVE DYSTONIA

Notes on Rates by Peter R. Breggin, MD.

 The latest epidemiological research on the rate of primary (non-drug or trauma)) cervical dystonias (Defazio 2013) shows a spread of estimates of prevalence of 28–183 cases/million. For our illustrative purposes, we shall use an estimate of 100/1,000,000 = 0.0001 = 0.01% prevalence in the general population.

 Prevalence rates of tardive dystonia among patients among patients treated with antipsychotic drugs vary greatly from study to study; but are much higher than in the general population. Kiariakakis (1998) estimates from a review of studies that the prevalence rate of tardive dystonia is 2.7% in patients treated with antipsychotic drugs. Yassa et al. (1985) found a prevalence rate of 2% in their study. Most TD dystonia patients have dystonias involving the neck (cervical dystonia), either alone or in combination with other dystonias.

 Using the conservative rate of 1% for tardive dystonia if an individual develops dystonia while taking antipsychotic drugs, the odds are at least 100 to 1 that it was caused by the medication. Indeed, the odds are even greater when other circumstances exist linking causation directly to the drug, such as its appearance or worsening during withdrawal from the drug, and/or it coinciding with other signs of TD, either of which makes it a certainty that it was caused by the drug.