3-85 Tardive Dyskinesia

TIPS Question:

What steps can be taken to ameliorate/mitigate the symptoms (lip smacking, pill rolling, cheek puffing, involuntary movements) caused by prolonged use of anti-psychotic drugs – Tardive Dyskinesia? The drug Cogentin was used in the past with little or no noticeable improvement in decreasing the severity of the symptoms. Some agencies/facilities are presently using Vitamin E to lessen the severity. Is this treatment effective? What are the pharmokinetics of this fat-soluble vitamin? Is there documented proof available to prove the validity of using Vitamin E in the treatment of Tardive Dyskinesia?

What are the significant factors you have learned as a result of working through the six-question template?

- The physical manifestations may result in other residents/staff perceiving that these individuals are less intellectually capable than they really are
- Residents tend to shy away from or exclude residents who exhibit “strange” behaviours

Response:

Active steps to be taken to reduce the symptoms and signs of Tardive Dyskinesia (T.D.) are as follows:

1. Discontinue any anticholinergic drugs like Cogentin and Artane.

2. Gradually wean off the typical antipsychotic medication over 4 weeks time.

3. Try GABAergic agents such as benzodiazepines (oxazepam or lorazepam) in small doses.

4. Try other agents each for 4 weeks trial including Vitamin E, Vitamin B6, lithium carbonate….etc.

5. If the psychotic symptoms recur, try atypical antipsychotic such as Olanzapine, Quetiapine or Clozapine as they are less prone to cause T.D. (in studies using Clozapine it was found to improve the T.D.).

Vitamin E is an antioxidant that was found to help T.D. at doses of 1200 mg daily in some studies (refer to an article in Am. Journal of Psychiatry April 1990 studying the effects of Vitamin E in the treatment of T.D.)

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*