Tardive Dyskinesia

Tardive dyskinesia can present as an adverse reaction to long-term use of antipsychotic medications. Characteristics of tardive dyskinesia are unusual tongue and facial movements, difficulty swallowing, and a stiff neck. This adverse effect is most often linked to typical antipsychotics, but may still occur with atypical antipsychotics. The patient with tardive dyskinesia should stop taking their anti-psychotic medications immediately to prevent the symptoms from becoming irreversible.



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Signs and Symptoms

Bizarre Facial Movements
Face Dancing
The patient with tardive dyskinesia may exhibit unusual movements of the eyebrow, forehead, cheeks, and periorbital area. These movements can include frowning, blinking, smiling, grimacing, and twitching.

Bizarre Tongue Movement
Tongue Dancing
The patient’s tongue will move in and out of the mouth at an increased rate as a result of tardive dyskinesia.

Increased Extremity Movements
Up-arrow Extremity Dancing
The patient with tardive dyskinesia will exhibit rapid, purposeless, and irregular movement of the upper and lower extremities. These movements can include twisting, squirming, rocking, tapping the foot continuously, and pelvic gyrations.

Stiff Neck
Stiff-board Neck
Tardive dyskinesia causes the patient to present with a stiff neck, which results in further difficulty swallowing and can increase discomfort in the patient.

Dysphagia
Dice-fajitas
Due to unusual tongue movements and a stiff neck, the patient will experience increasing difficulty swallowing known as dysphagia.

Interventions

Stop Medication
Stop-sign Medication-bottle
The patient must stop taking the antipsychotic medications immediately. The faster the medication is stopped, the more likely the symptoms will be reversible. However, in some cases the symptoms can become so severe that they become irreversible.

AIMS
Gun-aim
The assessment of signs and symptoms using the the abnormal involuntary movement scale (AIMS) is a tool for nurses to use to assess for early symptoms of tardive dyskinesia. The AIMS scale focuses on examination of facial, oral, extremity, and trunk movement. When nurses conduct a regular AIMS exam to detect tardive dyskinesia, then early recognition of symptoms is possible.

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