

**America's leading advocate
for oral health**

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TARDIVE DYSKINESIA DENTAL DIAGNOSIS AND TREATMENT

A brief description of what the
General Dentist needs to know for
treatment of patients with Tardive
Dyskinesia



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Tardive Dyskinesia (TD)

TD is a neurological disorder characterized by involuntary movements especially of the mouth, tongue, trunk, and limbs occurring as a side effect from the use of antipsychotic, anti-emetic and more rarely, antidepressant drugs. Orofacial movements may cause the patient pain, and they also may induce distress and stigmatization. The pathological basis of TD likely involves chronic blockade of dopamine receptors in the brain.

Selected Agents Associated with TD*

First Generation Antipsychotics	Second Generation Antipsychotics	Tricyclic Antidepressants	Phenothiazines
Haldol (haloperidol)	Abilify (aripiprazole)	Elavil (amitriptyline)	Compazine (prochlorperazine)
Loxitan (loxapine)	Clozaril (clozapine)	Asendin (amoxapine)	Mellaril (thioridazine)
Modecate (fluphenazine)	Latuda (lurasidone)	Clomicalm (clomipramine)	Navane (thiothixene)
Asendin (amoxapine)	Saphris (asenapine)	Sinequan (doxepin)	Stelazine (trifluoperazine)
Etrafon (perphenazine & amitriptyline)	Seroquel (quetiapine)		Thorazine (chlorpromazine)
Moban (molindine hydrochloride)	Risperdal (risperidone)		Trilafon (perphenazine)
Prolixin (fluphenazine)	Invega (paliperidone)		
Serentil (mesoridazine)	Zyprexa (olanzapine)		Others
Taractan (chlorprothixene)	Zomaril (iloperidone)		Reglan, Antiemetic (metoclopramide)
Tindal (acetophenazine)	Geodon (ziprasidone)		Orap (pimozide)
Vesprin (triflupromazine)	Fanapt (iloperidone)		Barhemsys (amisulpride)
	Rexulti (no generic)		
	Symbyax (olanzapine and fluoxetine)		

SIGNS AND SYMPTOMS OF TARDIVE DYSKINESIA



Movements of the Mouth

Such as frowning, sticking out tongue, lip smacking, puckering and pursing



Rapid Movements of the Body

Commonly in the arms, legs and trunk



Face

Disfigured facial features such as drooping of the mouth or eyes



Eyes

Rapid blinking



Difficulty Swallowing



Difficulty Speaking



Difficulty Breathing

Treatment & Care Options

- Early intervention
- Caregiver involvement
- Shorter appointments
- Preventive Care
 - *Frequent re-care visits
 - *Fluoride daily use
- Dental dam & bite block
- N₂O (nitrous oxide)
- SDF (sodium diamine fluoride)
- ART (atraumatic restorative technique)

Risk Factors for TD

Older Age	Alcohol or substance use (especially stimulants)
Female Sex	Early onset EPS*
Non-white	Past exposure to atypical antipsychotic
Presence of an affective disorder	Use of lithium or antiparkinsonian agent
Neurocognitive disorders including traumatic brain injury	High dose and/or longer use of antipsychotic medications
Diabetes	HIV

*Extrapyramidal symptoms (dystonia, pseudoparkinsonism and akathisia)

*For a more complete list, including a number of other medication classes, visit TDHelp.org