

Frequency and associations of Tardive Dyskinesia in a cohort of patients with chronic mental disorders in North West Ireland

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Introduction: Tardive dyskinesia (TD) is a form of abnormal involuntary muscle movements. TD is an antipsychotics medication-induced movement disorder that can be developed after long-term use, reduction of, or discontinuation of antipsychotics. It affects the social functioning of patients and their compliance with treatment. The aim was to evaluate TD in a cohort of patients with Chronic Mental Illness (Schizophrenia, Schizoaffective or Bipolar) who are in a long time on antipsychotic medications. **Methods:** Consecutive patients attending outpatient clinics. Data were collected regarding demographics, diagnosis, medications and the abnormal movements were evaluated with the Abnormal Involuntary Movement Scale (AIMS). **Results:** A hundred and twenty-two participants, mean age 55.03 (SD: 12.74), 74 (60.7%) males. 89 (73%) had a diagnosis in the F20 ICD-10 category, 27 (22.1%) in F30 and 6 (4.9%) in others. A new generation antipsychotic was prescribed in 100 (82%) and an old one in 22 (18%), 36 (29.5%) had two antipsychotics and the rest were on monotherapy. AIMS was 0 on 59 (48.4%) participants while 63 (51.6%) had identified with TD. TD was significantly more often to those with more than one antipsychotic and to those who taken the old ones ($t=3.055$, $df:120$, $p=.003$, $\chi^2=25.136$, $df:1$, $p=0.001$ respectively). Significantly more likely to develop TD those on Zuclopenthixol, Risperdal, Fluphenazine and Flupenthixol and less likely those on Olanzapine and Amisulpride ($\chi^2= 43.802$, $df:9$, $p=.001$). **Conclusions:** It was expected that new generation antipsychotics are less likely to cause TD but in long term some of them can still cause TD.