

With the use of atypical neuroleptics, tardive syndromes have practically disappeared

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Tardive syndromes (TS) remain a prevalent and potentially irreversible motor complication of chronic dopamine-receptor blocking agents (DR-BA). It occurs most commonly associated with antipsychotics but can present with other DR-BA used as antiemetics or prokinetics. The most common TS is 'tardive dyskinesia' (TD). Diagnosis of TS is clinical and is typically made in people who have taken DR-BA for at least three months and have characteristic abnormal purposeless, rapid, repetitive, stereotypic, involuntary movements affecting the tongue, lips, face, trunk, and extremities. TD occurs in > 20% of people who use first generation antipsychotics (FGA) continually for > 3 months, and every year about 5% of those who continually use these drugs begin to show signs of TD. After the introduction of clozapine and a number of other second generation antipsychotics (SGA) (like olanzapine, quetiapine, risperidone, ziprasidone), evidence suggests that patients treated with these drugs have less risk for developing TS than those treated with FGA like haloperidol. Available evidence indicates that the use of SGA reduces the cumulative risk for TD by one-third or that SGA have a decreased annual liability of TD (1% versus 5% for FGA). A recent Meta-Analysis (Carbon 2017) disclosed a global mean TD prevalence of 25.3% across 41 selected studies with significant lower rates with SGA (20%) vs FGA treatment (30%). A particular low TD prevalence (7.2%) was found in the treatment arms with FGA-naïve subjects, relative to SGA-treated cohorts with likely prior FGA exposure ($P < .001$).