

Clinical

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Breathing, Eating Affected by Antipsychotic-Related Tardive Dyskinesia

By David Wild



BOSTON—Antipsychotic-related tardive dyskinesia (TD) is more than bothersome for patients. It can limit their ability to perform critical daily activities such as eating and breathing, according to a prospective multicenter study presented at the Academy of Managed Care Pharmacy Managed Care & Specialty Pharmacy 2018 annual meeting (abstract G7).

Researchers examined involuntary movement and functioning among more than 700 patients receiving antipsychotic medications for psychiatric indications: More than 27% of sampled patients with symptoms consistent with TD said uncontrollable movements made eating difficult, while almost 9% said their breathing was being affected by TD symptoms, not to mention the impact on social withdrawal.

The findings point to a wide variability in how TD symptoms affect patients receiving antipsychotics and highlight the need for providers to evaluate fundamental physical functions, including breathing and eating, commented Rebecca Kandilian, PharmD, a drug education coordinator for clinical pharmacy services at Kaiser Foundation Hospitals, in San Diego.

“It’s up to each clinician to decide whether the impact that TD has on a given patient warrants treating it medically,” said Dr. Kandilian, who was not involved in the research. “Just as importantly, once you initiate TD treatment, you should assess its impact on the patient’s quality of life. If they are still having the same issues or are experiencing only a very marginal benefit, I would reevaluate the utility of the drug, particularly since TD treatments are very expensive.”

The clinical study lead, Charles Yonan, PharmD, the senior director of health economics and outcomes research (medical affairs) at Neurocrine Biosciences, which manufactures the TD treatment valbenazine (Ingrezza), and investigators from 37 outpatient psychiatry practices around the country prospectively enrolled 739 patients receiving a number of antipsychotics. Among these were 204 with symptoms of TD, as determined by their physicians.

Patients with or without TD symptoms were similar in age and other demographic characteristics. Thirty-two percent of those without TD symptoms and roughly 55% of those with TD had schizophrenia or schizoaffective disorder, while the remainder had a mood or bipolar disorder.

Investigators administered two validated health-related quality-of-life scales—the EuroQol-5D-5L and the Sheehan Disability Scale—and found that more patients with TD symptoms reported problems with mobility, self-care, usual activities, and had greater pain and discomfort.

When clinicians asked patients about the effect of uncontrollable movements on types of functioning, 30.4% said TD had “some” or “a lot” of effect on their speech, 27.4% said their eating was affected, and 8.9% said TD affected their breathing.

“Typically, the most notable symptomatology of TD is in the tongue, jaw and face, but providers rarely make that linkage between those symptoms and the ability to speak, eat or breathe,” said Dr. Yonan, who presented a poster detailing the findings. “Additionally, this study shows significant symptom presence and impact on upper and lower limbs and the trunk and neck as well.”

Dr. Yonan said the American Academy of Neurology and the American Psychiatric Association recommend that, if antipsychotic-related TD becomes bothersome,

providers should reevaluate the type and dose of psychiatric treatment(s) the patient is receiving. "If that doesn't work, then the guidelines recommend considering some type of therapy for TD," he said.