TD Pathophysiology Podcast

FEMALE SPEAKER: This podcast is for informational purposes only. The information provided herein is based upon the healthcare provider's clinical judgment and personal experience.

DR. LESLIE LUNDT: Hi, this is Dr. Leslie Lundt, Medical Director at Neurocrine. And with me today, we have Dr. Jonathan Meyer from San Diego.

DR. JONATHAN MEYER: Hello. Thank you for having me.

DR. LESLIE LUNDT: Dr. Meyer, can you tell us a little bit about your practice setting please?

DR. JONATHAN MEYER: So I'm a clinical professor of psychiatry at UC San Diego, so there I do mostly teaching. I'm also a psychopharmacology consultant for the state hospital system in California. So that's 6,500 patients, most of whom have schizophrenia spectrum disorder. So it's the largest state hospital system probably in the world.

DR. LESLIE LUNDT: So you're really the perfect person to talk about tardive dyskinesia.

DR. JONATHAN MEYER: We have a lot of people in the state hospital who are on chronic antipsychotics, many of whom require high doses.

DR. LESLIE LUNDT: You talked a lot about the pathophysiology of tardive dyskinesia and the dopamine dysregulation. Seems to me, if that theory holds any water, that when you stop an antipsychotic, eventually the TD should go away.

DR. JONATHAN MEYER: Well, in animals it seems to. And that's been the difficulty in trying to come up with a real good explanatory mechanism for its persistence in human beings. Because very clearly, in most people with tardive dyskinesia, sadly, even when you stop the offending agent, we don't get reversal of symptoms. If you're lucky, there's some. Depending on the study, you see 20%, maybe even a third. But that means the majority of people seem to have a fixed problem.

So folks have advanced the explanatory hypothesis of abnormal plasticity, but really this is something which is just an explanatory hypothesis for which we don't have good biological data to really find what the mechanism is that doesn't allow the reversibility we see in animal models.

DR. LESLIE LUNDT: Thank you so much for your time today. I hope that the audience learned as much as I did.

DR. JONATHAN MEYER: Oh, my pleasure.