

# TD: Akathisia 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: Let's shift to another common drug-induced movement disorder with antipsychotics, and that is akathisia. So with an akathitic person, they're moving. A tardive dyskinesia patient is moving. How might you tell the difference between those two?

DR. JONATHAN MEYER: The hallmark of akathisia for most people is its objective sense of distress. And so even if a person doesn't have an objective component-- meaning they look restless in their chair or if it's really bad, they can't sit still-- often they will describe this internal compulsion to move. And much as with Parkinsonism, there's often a temporal relationship to either starting a drug-- especially one which is a more potent D2 blocker-- or a dose increase. And typically the response to dose decrease would be the same as for Parkinsonism, is that the person would feel some relief of the symptoms. Now, the way we treat akathisia is different than Parkinsonism because the anticholinergics are much less effective and they're not the drugs of choice. But that's often the biggest issue, is trying to tease out from the person.

DR. LESLIE LUNDT: OK, thank you. 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.