

TD Podcast Series

Episode 3: Burden and Impact of Tardive Dyskinesia in Older Adults and in the Long-Term Care Setting

Length: 14:07 min

Script

**TITLE** Burden and Impact of Tardive Dyskinesia in Older Adults and in the Long-Term Care Setting

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**LEARNING OBJECTIVES:**

- Define TD and learn the risk factors of TD
- Discuss the impact of TD on the lives of older adults and their caregivers
- Understand the importance of early recognition and management of TD in the LTC setting

**SCRIPT**

***Intro***

**Voice Over** – This podcast has been sponsored and co-developed by Neurocrine Biosciences, Inc. The speakers are presenting on behalf of and are paid consultants for Neurocrine Biosciences. The information provided herein is based on the healthcare provider’s clinical judgement and personal experience.

***Opening***

Hello everyone, I’m your host, Dr. Amita Patel. I’m a geriatric psychiatrist practicing in Dayton, Ohio, for more than 30 years. I take care of residents in long-term care and assisted living facilities, providing consultation for them, and also serving as a medical director.

Today, I would like to bring attention to the burden and impact of tardive dyskinesia in older patients. It’s essential to highlight this issue to underscore the significance of addressing tardive dyskinesia in these patients in the long-term care facilities.

This is a topic that often hides in the shadows of geriatric care, but it’s crucial to bring it into the light as tardive dyskinesia is frequently underrecognized and underdiagnosed, yet its impact on residents of long-term care facilities is substantial.

So, let’s talk about what tardive dyskinesia is, why it is important that we recognize and treat, and how we, as healthcare providers and caregivers, can make a difference in the lives of our long-term care residents who are living with this movement disorder.

***Intro to TD – Definition***

Tardive dyskinesia, often referred to as TD, can be characterized as abnormal, involuntary, and repetitive movements of the face, tongue, jaw, trunk, or extremities that are associated with the prolonged use of dopamine-receptor blocking agents. Some examples of these medications include both first and second-generation antipsychotics and antiemetic medications such as metoclopramide and promethazine.

### ***Risk factors for TD***

Some factors associated with increased risk of TD include increased age, postmenopausal women, anticholinergic treatment, and higher cumulative exposure and potency of antipsychotic use. Older adults, aged 60 and above, can develop TD even with shorter exposure to antipsychotics, as little as one month, and even when treated with lower doses.

Additionally, the increased risk of TD is even more relevant in the long-term care setting due to the continued need for antipsychotic use for some patients in these facilities. In fact, according to the reports from the Centers for Medicare & Medicaid Services, or CMS, the average use of antipsychotics in long-term care facilities is approximately 15%, though this varies from quarter-to-quarter. So, for our long-term care residents who are on antipsychotics, it is imperative that we regularly monitor them for abnormal movements so we can recognize and treat TD early.

With that being said, the CMS has actually made it a mandatory requirement for residents on antipsychotics to have a baseline evaluation for TD using the Abnormal Involuntary Movement Scale, or AIMS, with a subsequent AIMS assessment every 6 months thereafter while on antipsychotic therapy.

However, a notable gap exists in this approach as the required evaluations come to an end when the resident discontinues their antipsychotic. Knowing that TD symptoms may be unmasked during a gradual dose reduction and after discontinuing an antipsychotic, I believe it's critical to conduct AIMS assessments for up to several months after a resident discontinues an antipsychotic. While this isn't a CMS requirement, I think it's an important step to ensure comprehensive TD care for our patients.

### ***TD Signs and Symptoms***

So, what do these movements of TD actually look like? What should we be looking out for in patients at risk?

Well, TD can happen in any part of the body, particularly in the skeletal muscles. It is important to keep in mind that we have over 650 skeletal muscles in our body, so there are countless ways in which these involuntary movements can occur.

The signs and symptoms of TD typically include classical oro-buccal-lingual movements such as tongue twisting and protrusion, lip smacking and puckering, along with chewing or clenching movements in the jaw. These abnormal movements of the facial muscles may also be accompanied by choreic, or dance-like movements in other body parts. These can manifest as

abnormal movements of the fingers, resembling ‘piano-playing’, grasping, flexion and extension of limbs, and foot tapping. TD can also occur in the trunk, displaying as rocking or twisting movements, shoulder movements, or pelvic thrusting. As there are countless ways in which these involuntary movements can present, it is important to closely monitor and assess for these TD symptoms in patients at risk.

### ***Impact of TD on Patients & Caregivers – RE-KINECT Study***

TD’s impact can extend beyond the presence of abnormal movements. A real-world prospective screening study called the RE-KINECT study, was conducted to assess the burden and impact of possible TD in patients treated with antipsychotics in an outpatient psychiatry practice setting. In this study, they found that more than 40% of patients reported that their abnormal movements had “some” or “a lot” of impact on their ability to continue their usual daily activities, talk, be productive, and socialize. Additionally, more than three-fourths of patients affirmed that they have felt self-conscious or embarrassed about their involuntary movements consistent with TD. Such feelings can exacerbate existing psychiatric symptoms and contribute to a sense of stigmatization and social isolation.

In addition to assessing the impact of possible TD on patients, the RE-KINECT study sought to better understand the burden of possible TD on informal caregivers such as family members and friends. In this study, they found that the patients’ involuntary movements had an impact on the caregivers’ lives across functional, social, and emotional dimensions. Along with the time spent managing their patients’ movements, caregivers reported impact on their productivity, socialization, self-care, and ability to continue their usual activities.

Overall, the RE-KINECT study demonstrates the far-reaching effects of patients’ involuntary movements consistent with TD. Recognizing and treating tardive dyskinesia early is, therefore, very important to help alleviate the considerable burden on both the patients and their caregivers.

### ***Impact of TD Symptoms on Older Residents in Long-term Care***

As you can imagine, TD’s impact on the various body regions can pose significant challenges particularly for our older residents in long-term care.

For instance, when residents experience abnormal facial movements, such as grimacing or increased blinking, the embarrassment they feel may lead them to avoid dining out in the common areas or participating in social activities. The fear of judgement or ridicule can contribute to social isolation, becoming a genuine concern for patients dealing with tardive dyskinesia.

When they have repetitive “piano-playing” finger movements, residents may need continuous assistance from caregivers as they may not be able to hold a utensil to feed themselves or button up their shirts to dress themselves, impacting their independence and self-esteem. Tardive dyskinesia can also cause patients to have difficulty swallowing, which could lead to

safety hazards such as choking or increased risk of aspirating. Furthermore, older patients with uncontrollable movements of the legs or toes may have difficulty walking, which not only would require assistance with ambulation, but may also put them at a higher risk of falls.

For these multitude of reasons, recognizing and addressing the substantial physical, emotional, and social impact of TD is essential to providing a more holistic approach to TD patient care.

### ***Anecdotal patient cases***

Now that we have talked about the impact of TD, let's delve into two patient stories that further illustrate the burden of TD. Through these narratives, we'll explore how appropriate diagnosis and management can make a positive difference in the lives of patients facing TD within the long-term care setting.

In the case of our first patient with TD, a wheelchair-bound resident, the challenges of moderate hand movements and significant facial and lip movements were evident. Holding utensils and self-feeding became difficult, often resulting in wearing her food rather than being able to enjoy her meal. This struggle caused her to feel embarrassed, eventually choosing to eat alone in her room and avoiding the dining room altogether. The uncontrollable finger movements also interfered with activities she once cherished, like playing bingo and participating in arts and crafts, pushing her into further isolation. When this patient came under my care, the process of diagnosing and treating her tardive dyskinesia according to TD guidelines marked a profound turning point and witnessing her transformation was truly remarkable. Now, she can confidently go to the dining room, feed herself, and better participate in all the activities she loved. She even shared with me the joy she finds in putting on her makeup, a simple act that signifies a regained sense of pride and a renewed quality of life.

The second patient, an older gentleman with TD, had prior antipsychotic exposure and presented solely with lip smacking. The loud lip-smacking sound posed a unique challenge for him and his caregivers in the long-term care facility. Since other residents would often complain about the disruptive noise from the lip smacking, the patient would have to be removed from the shared rooms and placed in a single-patient room. This not only subjected him to constant feelings of isolation and embarrassment but also placed a burden on the facility resources. After taking a careful look at his medication history and presenting symptoms, we recognized that this behavior was a manifestation of TD and addressed it right away. With the use of first-line treatment, VMAT2 inhibitors, both the lip movements and lip-smacking sound had eventually softened, which of course was a great outcome for both the patient and those sharing his space.

These stories underscore that the management of TD goes beyond just symptom control. It's also about restoring dignity, independence, and social engagement for our residents in long-term care.

## ***Resources***

So, what can we all do to enhance recognition and improve the management of TD in our patients? Firstly, in long-term care, teamwork is paramount, and everyone shares the responsibility of identifying signs and symptoms of TD. Remember, if you see something, say something, and bring it to the attention of a clinician. Early recognition of TD is a collaborative effort, and each member of the team plays a crucial role in addressing and mitigating the impact of TD in our patients.

Secondly, you can take advantage of the available tools and resources. Neurocrine Biosciences offers MIND-TD.com, a website that holds a compendium of educational resources to facilitate in the identification of tardive dyskinesia. Additional resources can also be accessed on the Neurocrine medical website at neurocrinemedical.com, which features educational podcasts, videos, and slide presentations.

## ***Conclusion***

As we come to the end of this podcast, I hope each and every one of you has gained a deeper understanding of the profound impact tardive dyskinesia can have on the physical, emotional, and social well-being of a patient. In the long-term care setting, early recognition of TD symptoms is pivotal in our collective effort to help address and mitigate its long-standing impact on our older residents.

Let us all work together to continue educating ourselves and our long-term care and assisted living colleagues and ultimately strive to enhance the quality of life for those under our care.

Thank you for joining me today on this important journey of tardive dyskinesia education and awareness.