

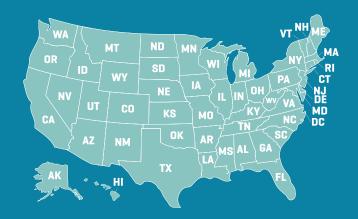
~600,000

people in the U.S. are living with TD.^{1,2} **Tardive dyskinesia (TD)** is a persistent, involuntary movement disorder associated with prolonged use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses, such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.^{4,5*}

TD is characterized by uncontrollable, abnormal and repetitive movements of the face, torso, limbs, and fingers or toes.^{8,9}

*Certain prescription medicines (metoclopramide and prochlopperazine) used to treat gastrointestinal disorders may also cause TD.^{6,7}

Nearly
65%
of Americans with TD
are undiagnosed.3



Join the movement!

Over the past six years,
50 states, Washington, D.C.
and various mental health advocacy
organizations continue to recognize
the first full week of May as
TD Awareness Week.

It's important that people who are taking antipsychotic medication be monitored by a healthcare provider for drug-induced movement disorders (DIMDs), such as TD.¹⁰

The uncontrollable movements of TD can negatively impact people socially, emotionally and physically.^{8,11}

According to a survey, people with diagnosed or suspected TD (n = 250) reported the condition moderately or extremely affected them in the following areas^{2,‡}:



'The survey evaluated 61 patients diagnosed with TD and 189 patients who were suspected to have TD, as they experienced involuntary movements.
'Base: Patient ATU 2D23: Target patients (diagnosed TD or suspected TD), n = 250. Responses based on survey questions: 'Since first experiencing involuntary movements, how has your ability to physically perform the following daily activities been affected, if at all?' and "How would you describe the severity of your involuntary movements?" Please use a scale of 1 to 5 when 1 means "Not at all affected" and 5 means "Extremely negatively affected." Results shown include the number of responses greater than or equal to 3 on the scale.

Proactive recognition and treatment of TD can make a positive impact in the lives of many people experiencing mental illness. **U.S. Food and Drug Administration-approved treatment options are available for TD**.

Learn more about TD, living with TD and how to treat TD by visiting TalkAboutTD.com







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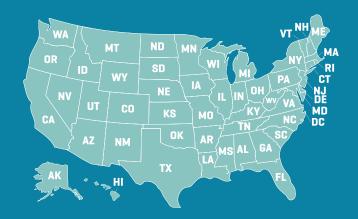
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REFERENCES: 1. Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. Neurotherapeutics. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5 2. Data on File. Neurocrine Biosciences, Inc. 3. 3. Carbon M, Hsieh CH, Kane JM, Correll CU. Tardive dyskinesia prevalence in the period of second-period antipsychotic use: A meta-analysis. J Clin Psych. 2017;78(3):e264-e278. doi:10.4088/LDF-1816-103834. Cardis SN, Hurford I, Lybrand J. Campbell EC. Movement in the period of second-in the period of second-properties trial. Neurol Clin. 2011;29(3):127-148. doi:10.1016/j.ncl.2010.10.0002 5. American Psychiatric Association. Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Text Revision. American Psychiatric Association; 2023. 6. Kenney, C, Hunter C, Davidson A, Jankovic J, Metaclopramide, an increasingly recognized cause of tardive dyskinesia. J Clin Phormacol. 2008;48(3):379-384. doi:10.1177/0091270007312258 7. Sanger GJ. Andrews PLR. A history of drug discovery for treatment of nausea and vamilting and the implications for future research. Front. Pharmacol. 2018;9313. doi:10.3389/fphar.2018.009319. Guy W. ECDEL Assessment Manual for Psychopharmacology. National Institute of Mental Health; 1976. S. Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992. 10. Keepers GA. Fochtmann LJ, Anzia JM, et al The American Psychiatric Association; 1992.





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