

What is Tardive Dyskinesia (TD) Awareness Week?

TD Awareness Week **brings attention to TD and aims to reduce stigma and support those affected by the condition.**

This important week unites the mental health community to recognize the physical, social and emotional effects of TD and the importance of routine screenings by a healthcare provider for earlier identification and discussion of available FDA-approved treatments.

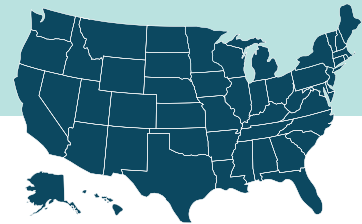
What is TD?

TD is an involuntary movement disorder that is characterized by uncontrolled movements of the face, torso, limbs and fingers or toes.¹⁻⁴ TD is associated with the 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.^{3,5*}

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

Did you know?

The first TD Awareness Week took place in 2018. Over the past eight years, all **50 states, Washington, D.C.** and **multiple mental health advocacy organizations** continue to recognize the first full week of May as TD Awareness Week.



TD is estimated to affect at least
800,000
adults in the United States.^{2,8}

Of those living with TD,
~60%
remain undiagnosed.⁸



Speak with your healthcare provider, ask to be screened!

People taking antipsychotic medication should talk to their healthcare provider as soon as possible about abnormal, involuntary and repetitive movements.⁹ **Earlier recognition and treatment of TD can make a positive impact for many people who are already managing their mental illness, including their loved ones or care partners.** When speaking with your provider, share all medication history, including any/all mental health medications.

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



†The TD patient survey was conducted online in the U.S. by The Harris Poll on behalf of Neurocrine Biosciences, Inc. The survey included 150 patients with mild/moderate TD (n=112) or severe TD (n=38). The survey was conducted from December 12, 2024 to December 31, 2024.

REFERENCES: **1.** Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. **2.** 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 **3.** American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; 2023. **4.** Guy W. ECDEU Assessment Manual for Psychopharmacology. Rev. 1976. U.S. Dept. of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. **5.** Caroff SN, Hurford I, Lybrand J, Campbell EC. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neural Clin*. 2011;29(1):127-148. doi:10.1016/j.ncl.2010.10.002 **6.** Kenney C, Hunter C, Davidson A, Jankovic J. Metoclopramide, an increasingly recognized cause of tardive dyskinesia. *J Clin Pharmacol*. 2008;48(3):379-384. doi:10.1177/0091270007312258 **7.** Sanger GJ, Andrews PLR. A history of drug discovery for treatment of nausea and vomiting and the implications for future research. *Front Pharmacol*. 2018;9:913. doi:10.3389/fphar.2018.00913 **8.** Data on file. Neurocrine Biosciences, Inc. **9.** Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2020;177(9):868-872. doi:10.1176/appi.ajp.2020.177901

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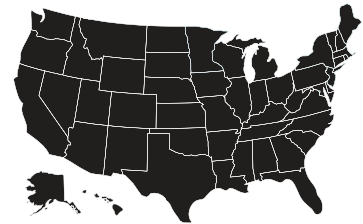
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