[P-506E] Are atypical antipsychotics less likely to cause tardive dyskinesia than typical antipsychotics?

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Tardive dyskinesia (TD) is a common adverse effect of antipsychotic medications, affecting up to 40% of institutionalized elderly taking these agents. Risk factors for TD include advanced age, cumulative antipsychotic dose, and duration of antipsychotic therapy. The prevalence of TD with typical antipsychotic (TA) medications is 15 to 20%.
Atypical antipsychotic (AA) medications have been reported to have a lower prevalence of TD than TA agents. The Omnibus Reconciliation Act of 1987 (OBRA '87) and the Joint Commission Standards for Long Term Care require systematic assessment to prevent and minimize this adverse effect. The Dyskinesia Identification System: Condensed User Scale (DISCUS) is used quarterly by an interdisciplinary health care team to assess TD in residents of a Veterans' Affairs Nursing Home Care Unit. DISCUS scores of 38 residents receiving AA and 49 receiving TA between April 1996 and December 1999 were retrospectively analyzed to determine if the scores differed. There was no significant overall benefit of AA over TA as measured by DISCUS score (mean ± SD, 4.1 ± 3.4 vs 3.9 ± 4.2, p = 0.85). There was a higher prevalence of schizophrenia among residents receiving AA versus TA (38% vs 19%, p = 0.0464). These residents may have had greater cumulative exposure to antipsychotic medications for treatment of their mental illness, which may increase their risk for developing TD. Prospective assessment is needed to determine the effect of long term treatment with AA and the incidence of this potentially devastating adverse effect.