

Undiagnosed Tardive Dyskinesia: A Preventable Burden

The Meadows Mental Health Policy Institute

The Meadows Mental Health Policy Institute provides independent, data-driven and policy guidance to improve mental health services. The institute released a report, in collaboration with Neurocrine Biosciences, Inc., highlighting the importance of measurement-based care for people with a serious mental illness taking antipsychotics. This care is pivotal to manage the risk of medication-induced movement disorders like tardive dyskinesia.

Policy Road Map: Measurement-Based Care (MBC) for Tardive Dyskinesia (TD)

Prioritize integrated care: Implement routine screening for physical conditions associated with antipsychotics, including medication-induced movement disorders, across mental health and primary care settings.

Establish a TD quality measure: Develop a standardized metric for routine TD assessment in at-risk patients, modeled on existing Healthcare Effectiveness Data and Information Set (HEDIS) measures for diabetes and cardiovascular screening.

Safeguard access to in-person assessments: Establish mechanisms to ensure timely in-person evaluations for at-risk patients.

Fund targeted MBC programs: Support infrastructure for MBC specifically for mental health providers treating high-risk populations.

Accelerate Electronic Health Records (EHR) adoption: Increase funding for EHR integration in behavioral healthcare settings.

Incentivize MBC for TD: Provide reimbursement incentives to providers who consistently use MBC in the management of TD.

Strengthen TD awareness: Target patients taking antipsychotics and their caregivers with a public awareness campaign about TD.



~25% of
patients receiving
antipsychotics
develop TD.¹

In the case of TD, measurement-based care provides an effective mechanism to detect early symptoms and develop and monitor a treatment plan; however, it is only practiced by a fraction of mental health clinicians.

TD is a medication-induced movement disorder associated with the use of antipsychotic medications.³⁻⁶ It is characterized by uncontrollable, abnormal and repetitive movements of the face, torso and/or other body parts.^{4,6,7}

~600,000 people in the U.S. are living with TD and **~65%** have not yet been diagnosed.^{5,8,9}

The uncontrollable movements of TD can negatively impact people physically, socially and emotionally.¹⁰ TD is a chronic condition that is unlikely to improve without treatment.^{5,6}

Highlights From the Meadows Report

Measurement-Based Care for TD Offers a Solution: Routinely Screen and Monitor Those at Risk

“MBC involves systematically administering validated rating scales to assess the effectiveness of treatment and make adjustments as indicated to improve outcomes, supporting — not replacing — clinical judgment.¹¹ This type of routine systematic monitoring of potential side effects of antipsychotics is recommended by international guidelines.”¹²

Routine Screening for TD: A Demonstrated Case for Measurement-Based Care

- All patients treated with antipsychotic medications are at risk of developing TD.³⁻⁶
- Routine screening and monitoring of at-risk patients is recommended by the American Psychiatric Association and international guidelines.¹³
- Simple, noninvasive, validated tools exist for use by all healthcare providers.

Antipsychotics Use is Rising

- “The number of people impacted by TD is likely to continue to grow: antipsychotics are increasingly prescribed.¹⁴ The increase may be due to the use of [second-generation antipsychotics] as adjunctive treatments for major depression, and off-label uses of these medications.”^{1,15}

Populations Experiencing Health Disparities Are at Increased Risk of TD

- “In some studies, Black patients had nearly twice the rate of TD as white patients.¹⁶ ...Black patients are less likely than white patients to receive treatment adhering to recommended practices and, as a result, are more likely to be prescribed [first-generation antipsychotic] medications at higher doses, both which are associated with greater risk of TD.^{16,17} Older patients who are often prescribed antipsychotics for off-label uses are five times more likely to develop TD than younger patients.”¹⁸

Delayed Care Increases Costs

- “Patients with TD have increased inpatient admissions, emergency room visits and outpatient visits, as well as longer hospital stays.”
- “Delayed care or a missed diagnosis can exacerbate an existing condition and lead to increased morbidity and mortality along with increased costs of care.”
- “Because early assessment and treatment could mitigate costs [of TD], MBC for TD is ripe for value-based care payment methodologies.”

Routine Screening Improves Outcomes

- “MBC is an important strategy to facilitate early screening, early intervention, mitigation of medication adverse effects and improved overall mental health outcomes.”
- “The assessment of TD is best conducted by a trained clinician during in-person visits, as a full body view of the patient is preferred to optimize evaluation accuracy and reliability.”

Ensure adoption of routine TD screening and monitoring into existing and future measurement-based care models to improve psychiatric stability and mental health outcomes.

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