Systematic review of interventions for treating or preventing antipsychotic-induced tardive dyskinesia

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Declared competing interests of authors: Hanna Bergman worked for Enhance Reviews Ltd during the preparation of this report and during the preparation of Cochrane reviews related to this report, and was paid for her contribution in doing so. Enhance Reviews Ltd is a private company that performs systematic reviews of literature and currently does not take commissions from industry. Hanna Bergman works for Cochrane Response, an evidence consultancy that takes commissions from health-care guideline developers and policy-makers. Adriani Nikolalopoulou was paid for contributing to the statistical analysis for this report. Karla Soares-Weiser was the managing director of Enhance Reviews Ltd. Karla Soares-Weiser has since moved to work for Cochrane, has not drawn a salary from this project, and had limited involvement in co-ordinating the activities of this project.

Published August 2017
DOI: 10.3310/hta21430

Plain English summary

Treating or preventing antipsychotic-induced tardive dyskinesia
Health Technology Assessment 2017; Vol. 21: No. 43
DOI: 10.3310/hta21430

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Antipsychotic medication can cause involuntary, repetitive body movements, frequently involving the face and tongue. This condition is known as tardive (because it is a side effect that usually does not appear until after you have been taking medication for a while) dyskinesia (meaning abnormal or unusual movements), or TD.

It has been estimated that TD occurs in about one-fifth of people using antipsychotics. Other studies have found that closer to 1% find it sufficiently severe or persistent to change antipsychotics as a result. Management varies and is particularly problematic where discontinuation or change of treatment is not desired or easily achieved. This work updates past reviews with new evidence and methods. There is frequently an advantage in revisiting old work to see if information that was previously impossible to use can now be employed in building a more complete picture. In recent years, newer methods of presenting and analysing the information in reviews has helped make reviews more accessible and useful.

Although there are many new relevant studies, it appears that little has been learnt from past work. The conduct, analysis and reporting of trials of these treatments continue to be of such poor quality that it is impossible to really trust the results.

This work found that:

- researchers continue to do trials, but take little heed of calls for increased quality and relevance to everyday care
- some new methods used within sophisticated reviews of care really do not work if the building blocks of the reviews (the trials) are of very limited quality
- people with TD feel disappointed and angry at the length of time it has taken for researchers to address the issue of how to treat TD
- we still do not know how to treat people with/at risk of TD effectively.

All information from the reports of past trials, reliably and painstakingly extracted, is fully, freely accessible to anyone online.
Health Technology Assessment

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 14/27/02. The contractual start date was in June 2015. The draft report began editorial review in November 2016 and was accepted for publication in February 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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