

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

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## Plain English summary

### Treating or preventing antipsychotic-induced tardive dyskinesia

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## Plain English summary

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.

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