Tardive Dyskinesia

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This monograph offers a comprehensive and up-to-date account of the present knowledge on tardive dyskinesia (TD). An accurate description of the clinical aspects and of the epidemiology of TD is followed by a chapter on the pathophysiological aspects. The hypotheses are numerous: functional dopaminergic overactivity, dopaminergic-cholinergic imbalance, supersensitivity of postsynaptic dopamine receptors and presynaptic catecholaminergic hyperfunction. None of them fits all clinical aspects. Among the risk factors, the length of neuroleptic therapy, the total amount of neuroleptics, increased age and previous extrapyramidal side effects play at least a statistical role. There is no convincing evidence for a racial or ethnical background. After withdrawal of the neuroleptic drug, TD remains either stable or decreases except for an initial flare-up. Remission may occur as late as after 2-5 years and can be expected in 50% of patients.

Regarding treatment, it has to be admitted that no effective treatment exists. Still, some practical guidelines are useful. Anticholinergic drugs worsen TD. If the neuroleptic treatment cannot be interrupted, it is best to switch to clozapine. If TD is extremely severe, the authors recommend to resume the neuroleptic therapy.

The book gives also some recommendations for preventing TD. Except clozapine, all neuroleptics may induce TD regardless of their neuroleptic potency. Those schizophrenics with predominantly negative symptomatology may be at an increased risk of TD. The same group of patients draws relatively little benefit from neuroleptic treatment. Attempts should be made to determine the lowest effective dose for each patient. Drug holidays seem to increase the likelihood of TD.

This monograph can be recommended to psychiatrists and neurologists, but also to GPs as they treat many patients with psychosis.

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