TARDIVE DYSKINESIA · CLINICAL INFOGRAPHIC

# TD Today

## Gaps in Recognition & Impact

Assessment tools, patient-reported measures, and VMAT2 options have evolved. Recognition has not kept pace.

### 25.3%

TD prevalence among antipsychotic-treated patients in meta-analysis — roughly **1 in 4** exposed

1 OF EVERY 4 ANTIPSYCHOTIC-TREATED PATIENTS

### Often irreversible

Symptoms may persist even after the offending agent is reduced or stopped

CUMULATIVE RISK WITH CONTINUED EXPOSURE — SCHEMATIC

### 2017

First FDA-approved TD treatments — before that, practice aimed at identification alone

PRE-2017: NONE · 2017 · TODAY: EXPANDED

## Why TD gets missed

- Training anchors clinicians to the severe end of the spectrum; mild-to-moderate TD gets overlooked
- Silence is not absence — patients normalize movements, minimize them, feel embarrassed, or assume nothing can be done
- A brief movement exam grades severity — it does not capture burden, and family often notice before the chart does

**65%** of US TD cases are estimated to be undiagnosed

UNDIAGNOSED 65% · DIAGNOSED 35%

## What it costs patients

TD is not simply a movement disorder. Consensus work asks clinicians to assess it across social, physical, psychological, and vocational domains.

- Speech and communication
- Eating and swallowing
- Social confidence, leaving home
- Emotional well-being
- Work functioning
- Willingness to stay on needed medication

> **"Mild" on the exam is not mild to the patient.**
> Patients describe barely-visible TD as embarrassing, frightening, and painful.

## TD care is evolving on two fronts

**ASSESSMENT**

AIMS remains the practical tool for detection and longitudinal monitoring — but it is no longer the whole conversation. **Impact-TD** captures functional effects across domains; the **TDIS** is a validated patient-reported measure of the prior 7 days.

**TREATMENT**

VMAT2 inhibitors valbenazine and deutetrabenazine can be added to existing regimens, including antipsychotics — now with once-daily XR, an added strength, and a sprinkle formulation for swallowing difficulty.

**KINECT-PRO** Valbenazine: significant reductions in TDIS and AIMS totals, with improvement in EQ-VAS and Sheehan Disability Scale

**up to 77%** of an IMPACT-TD Registry interim cohort on deutetrabenazine reported improvement in affected life areas

SPEECH · EATING · PSYCHOSOCIAL IMPACT · ADLS · SLEEP OR PAIN

## What to do at your next visit

1. Screen consistently with AIMS for anyone on a dopamine-blocking agent — not only when movements are obvious
2. Ask the patient and family what the movements cost them — speech, eating, confidence, work
3. Set treatment goals beyond motor change: less burden, better function, better quality of life

READ THE FULL ARTICLE

**TD Care Is Evolving: Here's What That Means for Clinicians — td-360.com**

Figures drawn from the source article and its cited literature: TD prevalence meta-analysis (25.3%); AIMS; Impact-TD Scale consensus work; Tardive Dyskinesia Impact Scale (TDIS); phase 4 KINECT-PRO; IMPACT-TD Registry interim cohort (Teva, 2025); undiagnosed-prevalence estimate from US epidemiology modeling. Confirm every figure, product statement, and accreditation claim against the current cycle's source files before publication.