

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## CLINICAL POLICY

**NUMBER: BC018**

**NAME: TARDIVE DYSKINESIA and AIMS TESTING**

INITIAL APPROVAL DATE:

BY:

(LAST) REVISION DATE: 08/15/2017

BY: Clinical Policy Committee

(LAST) REVIEW DATE: 05/25/2023

BY: Policy Committee

DISCONTINUED DATE: N/A

REPLACED BY: N/A

### I. **PURPOSE**

### II. **APPLICATION**

Populations: **ALL**

Programs: **Direct – ALL**  
**Contracted – ALL**

### III. **POLICY**

Tardive Dyskinesia is a neurological disorder, which can be caused by long-term usage of anti-psychotic medication. Tardive means "late onset". It usually appears after a number of years of treatment. Dyskinesia means abnormal movements. Some symptoms of Tardive Dyskinesia are:

- blinking or other facial movements
- lip smacking
- cheek puffing
- movements of the tongue
- twisting of the neck
- shoulder shrugging
- pelvic movements
- toe tapping

Over a period of time the symptoms may progress to the point of becoming permanent. Since there is no treatment for Tardive Dyskinesia, prevention is essential.

Anti-psychotic medication should be initiated by a psychiatrist and used to treat primarily psychotic symptoms but may also be used for certain mood and behavioral disorders. Maintenance should be at the lowest possible therapeutic dose.

Anti-Parkinsonian medication such as Cogentin, Artane, and Symmetrel, may be discontinued anywhere between one and six months on a trial basis because side effects may disappear in most people. Anti-Parkinsonian medication can “mask” or cover up early symptoms of Tardive Dyskinesia.

IV. **DEFINITIONS**

V. **STANDARDS**

- A. All individuals prescribed anti-psychotic medication as listed on Form #0229 will receive AIMS testing at least every 4 months.
- B. AIMS testing will be completed using a standardized format.
- C. The Sanilac CMH psychiatrist/nurse practitioner will review the AIMS testing that has been performed.

VI. **ATTACHMENTS**

VII. **REFERENCES**

Form 0229: AIMS Medications