

#CHAIR2017

10TH ANNUAL
CHAIR SUMMIT

neuroscience CME

Master Class for Neuroscience Professional Development

November 16 - 18, 2017 | Hotel Monteleone | New Orleans, LA

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Assessment and Diagnosis of Tardive Dyskinesia

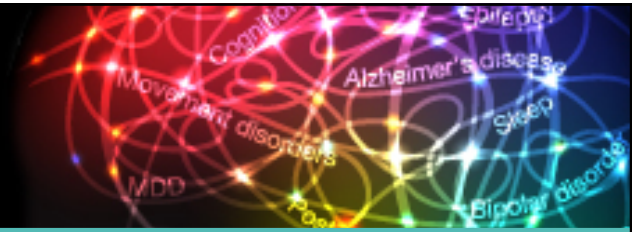
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Disclosures



- **Research/Grants:** Neurocrine Biosciences, Inc.
- **Advisory Board:** Allergan; Lundbeck; Neurocrine Biosciences, Inc.; Newron Pharmaceuticals SPA; Otsuka America Pharmaceutical, Inc.; Takeda Pharmaceuticals U.S.A.; Teva Pharmaceuticals

Learning Objective 1

Integrate assessment scales to accurately identify and assess the severity of TD in at least 80% of patients on antipsychotics throughout the course of treatment.



Brief Clinical Assessment of Movement Disorders for Patients on Antipsychotic Medications



Side Effect and Examination Procedure

Akathisia

- Observe for restless movements
- Inquire about difficulty sitting still, restless feelings, and pacing

Rigidity and tremor

- Observe for spontaneous movements and tremor
- Examine for cogwheeling
- Observe arm swing and gait while patient is walking

Tardive movements

- Observe abnormal face and extremity movements while patient is sitting still with feet flat and again while patient is distracted with alternating thumb and finger tapping
- Observe truncal, pelvic, and arm/hand movements while patient is walking

Bratti IM, et al. *AM J Psychiatry*. 2007;164(11):1648-1654.

Abnormal Involuntary Movement Scale (AIMS)

This scale is available in the public domain and has not been modified.
 Final 9/2000. Access at:
<https://dmh.mo.gov/docs/dd/forms/healthsafety/aims.doc>

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service
 Alcohol, Drug Abuse, and Mental Health Administration
 National Institute of Mental Health

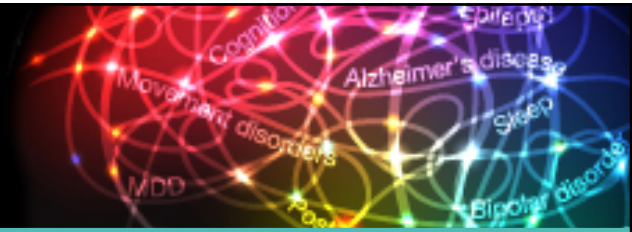
NAME: _____
 DATE: _____
 Prescribing Practitioner: _____

CODE: 0 = None
 1 = Minimal, may be extreme normal
 2 = Mild
 3 = Moderate
 4 = Severe

INSTRUCTIONS:
 Complete Examination Procedure (attachment d.)
 before making ratings

| MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously. Circle movement as well as code number that applies. | | RATER | RATER | RATER | RATER |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Date | Date | Date | Date |
| Facial and Oral Movements | 1. Muscles of Facial Expression e.g. movements of forehead, eyebrows periorbital area, cheeks, including frowning blinking, smiling, grimacing | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 2. Lips and Perioral Area e.g., puckering, pouting, smacking | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth. | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Extremity Movements | 5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic) | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot. | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Trunk Movements | 7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Global Judgments | 8. Severity of abnormal movements overall | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 9. Incapacitation due to abnormal movements | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| | 10. Patient's awareness of abnormal movements. Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Dental Status | 11. Current problems with teeth and/or dentures | No Yes | No Yes | No Yes | No Yes |
| | 12. Are dentures usually worn? | No Yes | No Yes | No Yes | No Yes |
| | 13. Edentia? | No Yes | No Yes | No Yes | No Yes |
| | 14. Do movements disappear in sleep? | No Yes | No Yes | No Yes | No Yes |

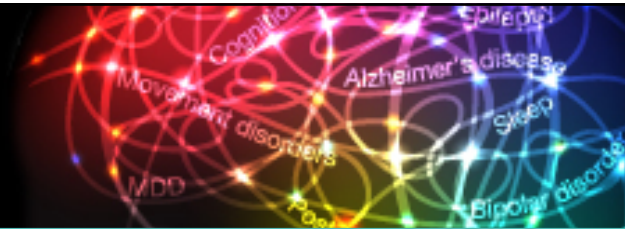
AIMS Instructions



- Ask patient whether there is anything in his/her mouth and if there is, to remove it
- Ask patient about the current condition of his/her teeth
 - Ask patient if he/she wears dentures
 - Do teeth or dentures bother patient now?
- Ask patient whether he/she notices any movements in mouth, face, hands, or feet
 - If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities
- Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor
 - Look at the entire body for movements while the patient is in this position

Guy W. *ECDEU Assessment Manual for Psychopharmacology*. 1976.

AIMS Instructions

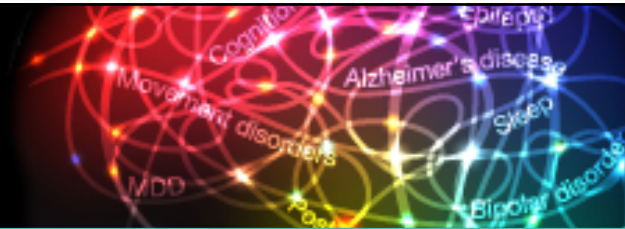


- Ask patient to sit with hands hanging unsupported
 - If male, between legs
 - If female and wearing a dress, hanging over knees
 - Observe hands and other body areas
- Ask patient to open mouth*
 - Observe tongue at rest within mouth
- Ask patient to protrude tongue*
 - Observe abnormalities of tongue movement
- Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds
 - Separately with right hand, then with left hand
 - Observe facial and leg movements

*Do this twice., †Activated movements.

Guy W. *ECDEU Assessment Manual for Psychopharmacology*. 1976.

AIMS Instructions



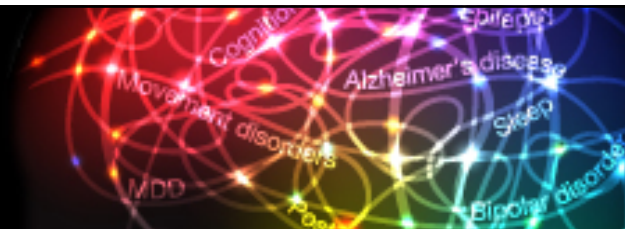
- Flex and extend patient's left and right arms, one at a time
 - Note any rigidity and rate on DOTES
- Ask patient to stand up
 - Observe in profile
 - Observe all body areas again, hips included
- Ask patient to extend both arms outstretched in front with palms down*
 - Observe trunk, legs, and mouth
- Have patient walk a few paces, turn, and walk back to chair*†

DOTES = dosage record and treatment emergent symptoms scale.

*Activated movement, †Do this twice.

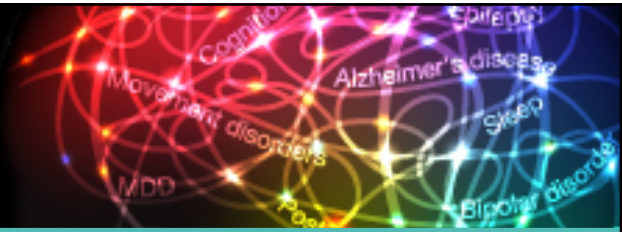
Guy W. *ECDEU Assessment Manual for Psychopharmacology*. 1976.

Call to Action



- Incorporate the AIMS scale into clinical practice to assess patients at risk for TD

Scoring The AIMS Examination



SCORING THE AIMS EXAMINATION

- 0 = No Movements
- 1 = Minimal (EXTREME NORMAL)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

Questions & Answers



Don't forget to fill out your evaluations to collect your credit.

