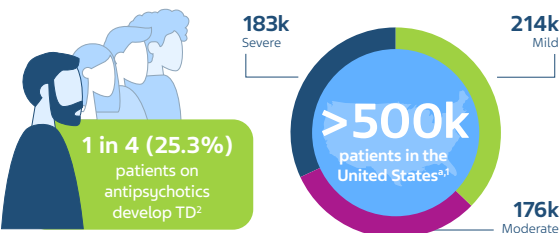


Exploring the functional, social, professional, and psychological impact of tardive dyskinesia (TD) movements on patients' lives



1 TD is a historically underrecognized and mis-diagnosed movement disorder caused by long-term exposure to dopamine receptor-blocking agents (DRAs)¹⁻³



2 The arrhythmic movements of TD can affect the entire body and remain indefinitely⁴⁻⁸

Orofacial dyskinesia: 60-80% of cases



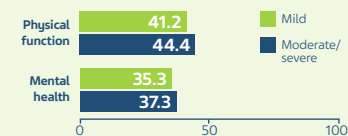
Dyskinesia of the trunk, limbs and extremities



Symptoms range from mild impairment to disabling or even life-threatening⁴⁻⁶

- Symptoms are chronic but may wax and wane over time⁴
- Severity does not necessarily correlate with functional and psychosocial impact⁹

Similar burden scores in patients with mild or moderate/severe TD movements^{9,9}



3 TD affects daily functioning and well-being¹⁰

Patients report 'a lot' or 'some' impact of TD on:¹⁰

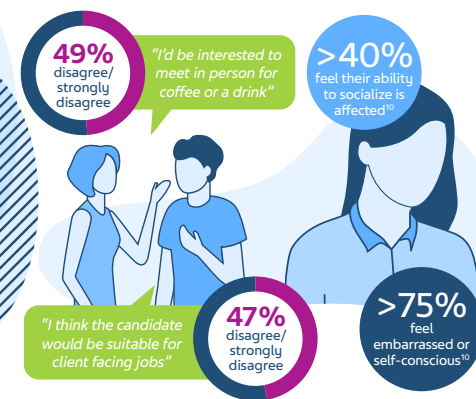


People with schizophrenia and TD have lower productivity and fewer are in paid employment than those without TD:^{10,11}

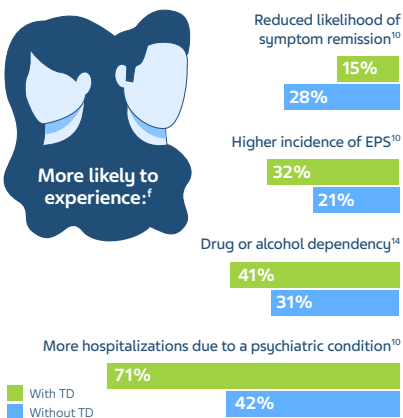


4 Patients can feel uncomfortable in their own skin and unaccepted by society¹²

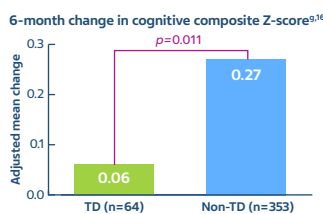
Patients face social stigma and discrimination^{d,12,13}



5 TD negatively impacts psychological well-being and underlying psychiatric conditions^{e,9,10,12,14}



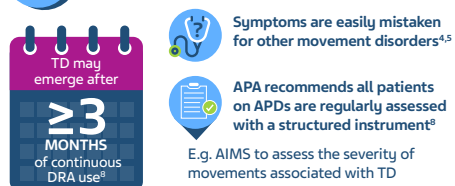
6 TD is associated with reduced neurocognitive function^{15,16}



including worse performance in:^{15,16}

- Both simple and complex tasks
- Attention/simple decisions
- Visuospatial skill (speed)
- Grammatical reasoning (speed)
- Selective attention (accuracy)

7 Early recognition is essential for the management of TD⁸



Dose reduction or discontinuation of DRA often does not resolve TD^{14,18}

- Can worsen underlying psychiatric condition
- Can trigger withdrawal-emergent dyskinesia

8 The APA recommends VMAT2 inhibitors for the treatment of moderate to severe or disabling TD^{8,17,18}

With no requirement for DRA withdrawal/dose modification^{17,18}

Two FDA-approved treatments:^h



AIMS, Abnormal Involuntary Movement Scale; APA, American Psychiatric Association; APD, antipsychotic drug; DRA, dopamine receptor-blocking agent; EPS, extrapyramidal symptoms; FDA, Food and Drug Administration; VMAT2, vesicular monoamine transporter 2

¹In 2016 data; ²Mental and physical health status evaluated using SF12v2 and SF-36v2 Health Survey scores. Scores range from 0-100, with higher scores indicating better health status; ³Relative percentage change in mean proportion of participants over 4 yearly assessments. Comparison between patients with schizophrenia with TD and without TD; ⁴Survey responses after participants watched videos of actors simulating orofacial TD movements; ⁵Data from different studies; ⁶Compared with patients using antipsychotics without TD; ⁷A neurocognitive composite score was calculated by creating a Z-score of the average of 5 standardized neurocognitive domain scores (verbal memory, working memory, processing speed, vigilance, and reasoning). Adjusted for baseline covariates; ⁸Deutetrabenazine is contraindicated in patients with hepatic impairment, and those taking reserpine, monoamine oxidase inhibitors, tetrabenazine or valbenazine. Use in pregnancy may cause fetal harm (based on animal data). Please consult full prescribing information before use.

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