Use of antipsychotics and tardive dyskinesia

The advent of second generation antipsychotics with their claim of being less lethal in producing tardive dyskinesia (TD) and other movement disorders has burgeoned the interest in TD research. Biological correlates of TD, its nature and response to medication have all been investigated. A series of studies on TD in untreated subjects has also been reported in recent years. The relationship between treatment and TD is not just linear, but influenced by multiple and interrelated factors such as age, duration of illness etc. Age in particular has been addressed using samples of young, middle aged and elderly persons.

Another interesting contribution to the field of TD research is this paper1 reporting findings of two almost similar works carried out in India and Israel. Nearly 40% of Israeli subjects and 28.7% of Indians had TD. What is of interest in the Indian sample is the fairly high use of atypical antipsychotics compared to the Israeli sample. Yet, no differences in TD were observed between those on conventional and atypical antipsychotics. Maybe a longer period of follow-up is required to substantiate this finding. Schizoaffective subjects seemed to have more TD. One wonders whether these people were on higher doses of medication.

While the authors have rightly pointed out the difficulties in comparing the two samples, it is obvious that the Israeli group is sicker, with more TD, older and only on typical antipsychotics. The mean drug dosages of the samples would have been an interesting addition.

This seems to be the right time to embark on more TD research given the scenario that with lesser use of typical antipsychotics, we may see less of TD and other movement disorders. It is also the right time to longitudinally assess the appearance of TD in cohorts only on atypicals.

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**Expert’s Comments**

**References**