

Abstract

Background:

Tardive dyskinesia (TD) is an involuntary movement disorder associated with prolonged exposure to antipsychotics. There has been a lack of updated information, on the prevalence of tardive dyskinesia under contemporary prescription practice in Hong Kong. This study was undertaken to evaluate the prevalence of TD and identify possible factors that may affect the risk of TD.

Method:

Two hundred and forty-five in-patients with schizophrenia who had been exposed to antipsychotics for at least three months were screened for TD using the Abnormal Involuntary Movement Scale (AIMS). Data regarding their current and past antipsychotic exposure, other sociodemographic data such as smoking and substance abuse history, were gathered from the patients and their medical records.

Results:

Using the Schooler and Kane's criteria, 92 patients (37.6%) had probable TD. Older age, longer duration since first being prescribed an antipsychotic and higher cumulative antipsychotic exposure (in terms of dose-year) were associated with higher prevalence of probable TD in both univariate and multivariate analyses. Post-hoc analysis revealed that higher cumulative first generation antipsychotic exposure was associated with a higher prevalence of probable TD. Current antipsychotic dosage and types were not associated with the prevalence of probable TD.

Conclusion:

The prevalence of probable TD among Chinese in-patients with schizophrenia in Hong Kong was much higher than previously reported and remained substantial despite the more widespread use of second generation antipsychotics. It does not support that there is an inter-ethnic difference in the prevalence of TD between Chinese and Caucasians. The result also reaffirms the importance of prescribing the lowest effective dose of antipsychotic and avoiding the use of first generation antipsychotics in the treatment of schizophrenia to minimise the occurrence of TD.

Keywords: Tardive dyskinesia; Chinese; Schizophrenia; Antipsychotics; Prevalence