CONDITION

Oral-facial dyskinesia

Oral-facial dyskinesia causes repeated, involuntary movements of the mouth, tongue, jaw, or face.

WHAT IT IS
Involuntary, repeated movements of the mouth and face

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Lip smacking, tongue movements, chewing motions, facial grimacing

WHAT CAUSES IT
Often medicines; sometimes dental, neurological, or unknown causes

HOW IT IS DIAGNOSED
Medical history and neurological examination

MAIN TREATMENT
Cause-specific medicine review and movement-control therapies

CAN IT BE CURED?
Sometimes - removing the cause may help

IS IT AN EMERGENCY?
Sometimes - if choking or breathing becomes difficult

LONG-TERM OUTLOOK
Often persistent, but treatment can reduce symptoms

Overview

Oral-facial dyskinesia is a pattern of unwanted, repeated movements involving the mouth, tongue, jaw, lips, or face. "Dyskinesia" means abnormal involuntary movement. You are not making the movements on purpose, although you may sometimes be able to hold them back briefly.

The movements may look like chewing, lip smacking, tongue rolling, puckering, jaw shifting, or facial grimacing. They can be mild and barely noticeable or interfere with speaking, eating, dental care, and social situations.

Oral-facial dyskinesia is a condition rather than one specific disease. It can have several causes. One important form is tardive dyskinesia , which can develop after exposure to medicines that block the brain chemical dopamine. These include antipsychotic medicines and

some medicines used for nausea or digestive problems. "Tardive" means delayed because symptoms may appear after months or years of treatment, or sometimes after a medicine is reduced or stopped.

Not every repeated mouth movement is tardive dyskinesia. Similar movements can come from dental problems, other neurological conditions, or a different movement disorder. Identifying the movement pattern and its cause matters because treatment is not the same for every person.

Symptoms

Movements may be continuous or come and go. Stress, fatigue, conversation, or concentrating on another task may make them more noticeable. They often lessen during sleep, although this is not a reliable way to identify the cause.

Common movements include:

Some people also have movements in the neck, trunk, arms, legs, fingers, or toes. This is more likely when oral-facial movements are part of a wider condition such as tardive dyskinesia.

The movements themselves are usually not painful. However, repeated jaw or tongue movements may cause jaw discomfort, bitten cheeks, tongue injuries, damaged teeth, or problems keeping dentures in place.

Speech can become less clear. Eating may take longer, and food or drinks may spill from the mouth. More severe movements can affect chewing or swallowing.

- Repeated lip smacking, pursing, or puckering
- Chewing motions when there is no food in the mouth
- Tongue rolling, twisting, or pushing against the lips
- Jaw opening, closing, or moving from side to side
- Facial grimacing, blinking, or movements around the nose
- Puffing of the cheeks or making sucking movements

Causes and risk factors

A common cause is long-term exposure to dopamine receptor-blocking medicines . Dopamine is a chemical that helps the brain control movement, motivation, and other functions. Medicines that block its effects include antipsychotics like olanzapine or risperidone used for

conditions such as schizophrenia and bipolar disorder. Certain medicines for nausea, vomiting, or movement of food through the stomach can also have this effect.

These medicines remain important treatments. Developing abnormal movements does not mean that the medicine was unnecessary or prescribed incorrectly. It does mean that the benefits, risks, and available alternatives should be reviewed.

Tardive dyskinesia becomes more likely with longer or greater overall exposure to dopamine-blocking medicines. Older adults and people who have previously developed medicine-related movement symptoms may be more vulnerable. It can still occur after shorter exposure, and many people who take these medicines never develop it.

Other possible causes or related situations include:

Tooth loss or poorly fitting dentures may be associated with repetitive jaw or mouth movements. However, dental problems do not explain every case, and true tardive dyskinesia can occur whether or not you wear dentures.

- Parkinson's medicines, especially when their effects are strongest
- Neurological conditions that affect movement control
- Previous brain injury or stroke
- Loss of teeth, unstable dentures, or long-standing oral discomfort
- Movement disorders such as dystonia, chorea, tics, or stereotypies
- No identifiable cause, sometimes called spontaneous dyskinesia

Diagnosis

There is no blood test or scan that confirms oral-facial dyskinesia. Diagnosis is based mainly on seeing the movements, understanding when they began, and reviewing your health and medicine history.

A clinician may ask about all current and previous medicines, including antipsychotics, nausea treatments, and Parkinson's medicines. The timing of any dose changes is important. Bring a complete list of prescription medicines, over-the-counter products, and supplements.

The examination usually looks at your face, mouth, tongue, jaw, limbs, walking, muscle tone, and coordination. You may be asked to sit quietly, speak, open your mouth, move your tongue, or perform another task. A structured rating tool, such as the Abnormal Involuntary Movement Scale, may be used to record severity and monitor changes. It supports assessment but does not identify the cause by itself.

Dental examination may help detect mouth injuries, tooth loss, or denture problems. Blood tests, brain imaging, or other tests are used only when the history or examination suggests another condition. They generally rule out alternatives rather than confirm dyskinesia.

A video recorded when the movements are typical can be useful if they are not present during the appointment. Record only if you feel comfortable doing so.

Treatment and management

Treatment depends on the cause, severity, and effect on daily life. Mild movements that are not causing distress or physical problems may be monitored rather than treated immediately.

If a medicine may be responsible, its role should be reviewed with the clinician who prescribes it. Do not stop an antipsychotic or other suspected medicine suddenly. Abrupt changes can cause withdrawal symptoms, worsen the condition being treated, or temporarily make movements more noticeable.

A supervised plan may involve reducing a medicine, changing to an alternative, or continuing it because its benefits remain important. Movements do not always improve after a change, especially when tardive dyskinesia has become established.

For adults with tardive dyskinesia, specialists may consider medicines called VMAT2 inhibitors . These reduce the amount of dopamine released into certain movement-control pathways. Valbenazine and deutetrabenazine are examples available in some countries. They can reduce movements but do not work for everyone, and symptoms may return after treatment stops. Possible adverse effects and interactions need an individual review.

Other treatments may be considered for selected movement patterns. Botulinum toxin injections can sometimes help a specific group of overactive muscles, particularly when the problem is closer to focal dystonia. This requires careful diagnosis because weakening the wrong muscles could affect speech or swallowing.

Supportive care may include:

No operation or single therapy reliably removes every type of oral-facial dyskinesia.

- Dental treatment for injuries, unstable dentures, or damaged teeth
- Speech and language therapy for speaking or swallowing problems
- Dietitian support if eating is difficult or weight is falling
- Strategies for stress, sleep, and social confidence

Complications

Most complications come from repeated movement or difficulty using the mouth normally.

The tongue, lips, or inside of the cheeks may become sore from biting or rubbing. Jaw pain and tooth damage can occur. Dentures may move or become difficult to wear.

Problems with chewing or swallowing can lead to reduced food intake, weight loss, dehydration, or food entering the airway. This is called aspiration. Serious swallowing complications are not inevitable, but they need assessment if they occur.

Visible movements can also affect confidence, relationships, work, and willingness to speak or eat around other people. These effects are important even when the physical movements are described as mild.

Prevention

Oral-facial dyskinesia cannot always be prevented. Some neurological causes are unpredictable, and movement symptoms can occasionally occur without an identifiable trigger.

The risk of medicine-related dyskinesia can be reduced, but not removed, by using dopamine-blocking medicines only when their expected benefits justify the risks. Regular medicine reviews and movement checks can help identify early changes.

If you take a medicine linked with tardive dyskinesia, keep taking it as prescribed unless the prescriber advises a change. Report new mouth, tongue, jaw, facial, or limb movements rather than waiting for a routine review.

Good dental care can reduce irritation and injury. Correcting poorly fitting dentures may improve movements linked to oral discomfort, although it does not prevent or cure movement disorders arising in the brain.

Living with it and what to expect

The course over months and years depends largely on the cause. Medicine-induced movements may improve after a carefully managed treatment change, but improvement can take months. In some people, tardive dyskinesia remains long term even after the suspected medicine is stopped. Treatment may still make it less noticeable or easier to manage.

Symptoms often fluctuate. A difficult week does not necessarily mean the condition is steadily worsening, and a quiet period does not prove it has resolved. Stress, tiredness, illness, or medicine changes may affect how visible the movements are.

Oral-facial dyskinesia does not itself mean that thinking or memory will decline. Any changes in these areas need a separate assessment because they may relate to an underlying condition, another medicine, or a different health problem.

Regular follow-up usually focuses on whether the movements are changing, causing injury, or affecting eating, speech, work, or emotional well-being. A brief symptom diary can help show patterns. Include medicine changes, sleep, stress, and any difficulty swallowing.

Many people continue their usual activities. Practical treatment, dental support, and an explanation for family or colleagues can reduce the impact. If the movements make you avoid social situations or cause persistent embarrassment, psychological support or a movement-disorder support group may also help.

When to get medical help

Arrange a routine appointment if you develop repeated mouth, tongue, jaw, or facial movements, especially if you take or previously took an antipsychotic or a dopamine-blocking nausea medicine. An early review helps document the movement and consider possible causes.

Seek prompt medical advice if the movements are rapidly worsening, causing mouth injuries, interfering with speech, or making it difficult to eat or drink. New painful jaw, eye, or neck spasms soon after starting or increasing a medicine may be an acute dystonic reaction and should be assessed urgently.

Call emergency services if:

These symptoms may have a cause other than oral-facial dyskinesia and need immediate assessment.

- You are choking, cannot breathe normally, or your lips turn blue
- You cannot swallow saliva or keep your airway clear
- Sudden facial changes occur with weakness, numbness, severe imbalance, or trouble speaking
- Severe muscle stiffness occurs with fever, confusion, or reduced alertness

Common questions

Is oral-facial dyskinesia the same as tardive dyskinesia?

No. Oral-facial dyskinesia describes where and how the movement appears. Tardive dyskinesia is one possible cause, usually linked to dopamine-blocking medicines. Dental conditions and other movement disorders can produce a similar appearance.

Will oral-facial dyskinesia go away?

It may improve if a reversible cause is found, but there is no guarantee. Tardive movements can persist after the responsible medicine is changed or stopped. Treatment can still reduce their severity and impact.

Should I stop my antipsychotic medicine?

Do not stop it suddenly. Withdrawal may worsen movement symptoms or cause the condition being treated to return. The prescriber can review whether continuing, adjusting, or changing treatment offers the safest balance.

Can dentures cause mouth movements?

Tooth loss, oral discomfort, and unstable dentures can be associated with repetitive jaw or mouth movements. A dental review may help. Dentures do not explain every case, especially when the tongue, face, limbs, or trunk are also involved.

Is oral-facial dyskinesia a sign of Parkinson's disease?

Not by itself. Parkinson's disease usually causes slowness, stiffness, and sometimes tremor. Dyskinesia can occur in people taking Parkinson's medicines, but similar facial movements also have several unrelated causes.

Does oral-facial dyskinesia stop during sleep?

Movements often become less noticeable or stop during sleep, but this is not consistent enough to confirm the diagnosis. Movements that continue at night may need assessment for another sleep-related or neurological condition.

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