CONDITION

Tardive oral dyskinesia

Tardive oral dyskinesia causes delayed, involuntary movements of the mouth, tongue, jaw, or face after exposure to certain medicines.

WHAT IT IS
Delayed involuntary movements of the mouth, tongue, jaw, or face

BODY SYSTEM
Nervous system

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

WHAT CAUSES IT
Exposure to dopamine-blocking medicines

HOW IT IS DIAGNOSED
Movement examination and a detailed medication history

MAIN TREATMENT
Medication review and VMAT2 inhibitor medicines

CAN IT BE CURED?
Sometimes - movements may fade after medication changes

IS IT AN EMERGENCY?
Sometimes - choking or breathing difficulty

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

Overview

Tardive oral dyskinesia is a movement condition affecting the mouth, tongue, jaw, or face. "Tardive" means delayed, while "dyskinesia" means movement that is difficult or impossible to control.

It usually develops after exposure to medicines that block dopamine, a chemical used by the brain to help control movement. These include some antipsychotic medicines and certain medicines used for nausea or digestive problems. Symptoms may begin during treatment, after long-term use, or after a dose is reduced or stopped.

Tardive oral dyskinesia is often considered an oral form of tardive dyskinesia. Some people also have movements in their arms, legs, neck, or trunk.

The condition matters because mouth and tongue movements can interfere with speaking, eating, swallowing, dental care, and social activities. Symptoms may be mild, but they can also become persistent or uncomfortable. Effective treatments can reduce movements for many people.

Symptoms

The movements are repetitive and are not fully under conscious control. They may be continuous or come and go.

Common examples include:

Some people can briefly suppress a movement, but doing so may require concentration and create an uncomfortable urge. Movements may become more noticeable during stress, tiredness, conversation, or other activity. They usually lessen during sleep.

You may not be aware of the movements at first. A family member, friend, dentist, or healthcare professional may notice them. This lack of awareness is part of some movement conditions and does not mean that the symptoms are intentional.

More substantial movements can affect pronunciation, chewing, swallowing, or the fit of dentures. Repeated tongue or cheek movements may cause soreness, accidental biting, or damage to teeth and dental work.

Similar movements can have other causes. These include dental problems, other movement conditions, and short-term reactions to medicines. An examination is needed to tell them apart.

- Smacking, puckering, or pursing the lips
- Repeated chewing motions when no food is present
- Pushing out, twisting, or rolling the tongue
- Moving the jaw from side to side
- Facial grimacing or repeated blinking
- Puffing out the cheeks

Causes and risk factors

Tardive oral dyskinesia is linked to medicines that reduce dopamine activity in the brain. Dopamine-blocking medicines can change movement-control pathways over time. Why some

people develop lasting movements while others do not is not fully understood.

Medicines associated with tardive dyskinesia include:

Risk generally increases with longer exposure and a greater total amount of dopamine-blocking medicine. Older adults may develop symptoms after shorter exposure. Other reported risk factors include diabetes, mood disorders, previous movement symptoms, and a history of brain injury. Having a risk factor does not mean that the condition will develop.

Newer antipsychotic medicines can still cause tardive dyskinesia, although the level of risk is not the same for every medicine. Symptoms can occasionally occur after relatively brief exposure.

A movement may first become noticeable when a medicine is reduced or stopped. This does not necessarily mean that stopping caused the underlying condition. The medicine may previously have hidden the movement. Short-lived movements after withdrawal can also occur, so follow-up over time may be needed.

- First- and second-generation antipsychotic medicines
- Metoclopramide, which is used for nausea and some stomach-emptying problems
- Certain other medicines for severe nausea, such as prochlorperazine

Diagnosis

There is no blood test or scan that confirms tardive oral dyskinesia. Diagnosis is based on the pattern of movement, your medication history, and an examination.

A healthcare professional will usually ask which medicines you take now and which you have taken in the past. This includes medicines for mental health symptoms, nausea, and digestive problems. The timing of dose changes and when the movement began are important.

The examination may include watching your face, tongue, jaw, arms, legs, and trunk while you are resting and performing simple tasks. The Abnormal Involuntary Movement Scale, or AIMS, is often used to record the location and severity of movements. It helps track changes but does not establish the diagnosis by itself.

Other possible explanations need to be considered. These include Parkinson-like side effects, tremor, tics, jaw-closing muscle spasms, dental or denture-related movements, and neurological conditions. Tests may be arranged if the history or examination suggests another cause.

Bring an up-to-date medication list to the appointment. A short video taken when the movement is clearly present can be useful if symptoms come and go.

Treatment and management

Treatment aims to reduce movements while continuing to manage the condition for which the original medicine was prescribed. This often requires coordination between the prescriber, a primary care professional, and sometimes a neurologist or psychiatrist.

Do not suddenly stop an antipsychotic or other suspected medicine on your own. Abrupt changes can cause withdrawal effects, worsen the condition being treated, or temporarily make movements more noticeable.

A medication review may consider whether the suspected medicine is still needed, whether its dose can safely be changed, or whether another medicine has a lower movement-related risk. Stopping the medicine does not guarantee that the movements will disappear.

Valbenazine and deutetrabenazine are VMAT2 inhibitors. These medicines change how certain chemical messengers are stored and released in nerve cells. They are approved in the United States for treating tardive dyskinesia in adults and can reduce movement severity. They do not work for everyone, and movements may return after treatment ends.

VMAT2 inhibitors can cause side effects and interact with other medicines. The choice requires a review of your health conditions, mental health symptoms, and current medicines.

Other approaches may be considered in selected cases, although the supporting evidence is less consistent. Botulinum toxin injections may help a specific, strongly affected muscle group, particularly when the movement includes focal muscle spasms. Injections around the jaw or tongue require specialist experience because they can affect chewing or swallowing.

Practical care may include:

Some medicines used for other movement side effects, particularly anticholinergic medicines, can worsen classic tardive dyskinesia. Do not stop them without medical guidance because they may be treating a different problem.

- Dental review for mouth injuries, damaged teeth, or denture problems
- Speech and language therapy for speech or swallowing difficulties
- Dietary changes if chewing is difficult
- Regular movement assessments to judge whether treatment is helping

Complications

Repeated movements can cause tongue or cheek injuries, jaw discomfort, tooth wear, and problems with dentures. Difficulty chewing may limit food choices. Swallowing problems can

lead to weight loss, dehydration, or food entering the airway.

Speech changes and visible movements may cause embarrassment or affect work and relationships. Some people avoid eating or speaking around others. Support for anxiety, low mood, or social isolation can be an important part of care.

Serious breathing problems are unusual, but movements or muscle spasms affecting the throat require urgent assessment.

Prevention

Tardive oral dyskinesia cannot always be prevented. It is not an inherited condition, and there is no lifestyle change that guarantees protection.

When a dopamine-blocking medicine is needed, prevention focuses on using it only when the expected benefit justifies the risk and reviewing whether it remains necessary. Regular movement checks can identify early changes.

Tell the prescriber promptly about new mouth, tongue, facial, or body movements. Early recognition allows treatment options to be reviewed, but it does not guarantee that symptoms will stop.

Do not skip doses or reduce a medicine to try to prevent the condition. Unplanned dose changes can create other health risks.

Living with it and what to expect

The course differs from person to person. Movements may lessen after a medication change, especially when identified early, but they can also continue for months or years. Some remain mild and stable. Others become more noticeable or spread to other areas of the body.

Symptoms often fluctuate from day to day. Stress, tiredness, and activity can affect how visible they are without necessarily meaning that the underlying condition is getting worse.

VMAT2 inhibitor treatment can suppress movements while it is being taken. It may not remove the underlying tendency, so symptoms can return if treatment is stopped. Follow-up is used to balance movement control, side effects, and treatment of the original mental health or digestive condition.

Many people continue their usual work, relationships, and activities, particularly when symptoms are mild or respond to treatment. Dental care, swallowing support, and practical adjustments can help when movements affect daily tasks.

Routine follow-up should include a review of movement severity, eating and speaking, mouth injuries, emotional effects, and all relevant medicines.

When to get medical help

Arrange a routine but prompt appointment if you notice new repetitive movements of your lips, tongue, jaw, or face, especially if you take or previously took an antipsychotic or dopamine-blocking nausea medicine.

Seek faster medical advice if the movements are worsening, causing mouth injuries, interfering with eating or drinking, or making speech difficult. New movements after a medication change should also be reported.

Get urgent help if you cannot swallow fluids, are becoming dehydrated, or repeatedly choke while eating.

Call emergency services if you have trouble breathing, cannot clear food from your airway, or develop a sudden severe spasm of the tongue, jaw, or neck. A sudden spasm soon after starting or increasing a medicine may be an acute dystonic reaction rather than tardive dyskinesia, but it can still require emergency treatment.

Common questions

Is tardive oral dyskinesia the same as tardive dyskinesia?

It is usually considered a form of tardive dyskinesia in which the movements mainly affect the mouth, tongue, jaw, and face. Some people also have movements elsewhere in the body.

Will tardive oral dyskinesia go away?

It sometimes improves after the suspected medicine is reduced, stopped, or changed under medical supervision. However, symptoms can remain after the medicine is gone. Treatments can reduce persistent movements even when they do not remove them completely.

Should I stop my antipsychotic medicine?

Do not stop it suddenly on your own. This could cause withdrawal symptoms or a return of the condition it treats. A prescriber can weigh the movement symptoms against the medicine's benefits and discuss safer options.

Can dentures or dental problems cause these movements?

Poorly fitting dentures and loss of teeth can be associated with repetitive mouth or jaw movements, but these are not automatically tardive dyskinesia. A medication history,

movement examination, and dental assessment help distinguish the causes.

Is tardive oral dyskinesia a sign of Parkinson's disease?

Not usually. Parkinson's disease tends to cause slowness, stiffness, and a particular type of tremor. Dopamine-blocking medicines can also cause Parkinson-like side effects, which may occur alongside or be mistaken for tardive movements. A movement examination can help separate them.

Do the movements happen during sleep?

They usually become much less noticeable or stop during sleep. They may return after waking. Movements that continue during sleep may suggest that another explanation should also be considered.

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