THE IMPACT of TARDIVE DYSKINESIA (TD) is in THE EYE of THE BEHOLDER. IT’S TIME TO SEE WHAT THEY SEE.

IT’S TIME TO TAKE ON TD™

www.takeonTD.com
TD CAN BE A BURDEN ON PATIENTS AND AFFECT THEIR LIVES¹

TD can be disruptive, whether they have mild, moderate, or severe TD.²

Patients with TD may deal with many issues

• Abnormal and involuntary movements may cause embarrassment in public¹
• Loss of physical control may make those around them feel uncomfortable¹
• Psychiatric patients may already have difficulty gaining stability and social acceptance¹,³

“I have isolated myself from a lot of people, because it’s really hard to pay attention to a conversation when people are just paying attention to your lip movement or your eye movement.” —Patient

Caregivers can also feel burdened by TD

Caregivers may be the first to notice signs of TD.⁴*

“It’s difficult to take care of somebody with those movements. You never know from one day to the next how bad it’s going to be. It could change hour to hour, so it’s really hard.” —Caregiver

*Based on interviews with neurologists (n=88), psychiatrists (n=78), and primary care physicians (n=53) on the perceived burden of TD on patients and caregivers, and the question of who first noticed TD signs.⁴
THE PREVALENCE OF TD MAY BE GREATER THAN YOU THINK

TD is estimated to affect at least 500,000 people in the United States. Up to 50% of TD patients may be uncoded.

THE RATES OF NEW TD CASES ARE MORE SIMILAR BETWEEN ATYPICAL AND TYPICAL ANTIPSYCHOTICS THAN PREVIOUSLY REPORTED†

3.9% ATYPICAL ANTIPSYCHOTICS
5.5% TYPICAL ANTIPSYCHOTICS

THE RISK OF TD INCREASES AS THE EXPOSURE TO TYPICAL ANTIPSYCHOTICS INCREASES§

AFTER 5 YEARS
32%

AFTER 15 YEARS
57%

AFTER 25 YEARS
68%

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*Based on online surveys with psychiatrists (n=101) and neurologists (n=100) who were familiar with coding processes. Physicians represented solo, group, and hospital/mental health center practice settings across each specialty. Physicians were asked how often TD is not coded.†

†Annualized incidence rates of TD. Based on a meta-analysis of 12 studies published since 2004: 28,051 patients, mean age 39.7 years, 59.7% male, 70.9% white.§

§Estimated risk of TD is based on a long-term study of 362 outpatients who were free of TD at enrollment between July 1, 1985, and June 30, 1987, and reexamined at least once during follow-up. The mean baseline age was 42 years (range 19-73 years), 53% were women, and 25% were nonwhite. Net years of previous neuroleptic use without TD and additional years of neuroleptic use were used to determine the estimated risk for TD.®
MANY PATIENTS OFTEN DO NOT BRING UP OR DISCUSS THE SIGNS OF TD\textsuperscript{10}

American Psychiatric Association (APA) Guideline recommendations\textsuperscript{1}

- **Screen** for TD before starting or re-starting patients on dopamine receptor blocking agent (DRBA) treatment
- **Monitor** for signs of TD every few months
- **Consider** a diagnostic evaluation

Signs of TD can develop in as early as a few months after starting DRBA treatment\textsuperscript{11}

TD movements are often seen in the face, trunk, and extremities,\textsuperscript{1,11,12}

For some patients, signs of TD continue indefinitely, even after stopping or switching DRBA treatment.\textsuperscript{11}
PROPOSED MECHANISM OF TD AND Dopamine Receptor HyperSensitivity

The hypersensitivity of postsynaptic dopamine D2 receptors in TD may occur after exposure to DRBAs. It is hypothesized that this hypersensitivity in the nigrostriatal pathway manifests in the signs of TD.

References:

Visit TakeOnTD.com for more information about tardive dyskinesia

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