

Examination and history for movement disorders in a patient taking antipsychotic medication

Observe the patient at rest.

Look for abnormal movements

- Face and neck: Blinking, blephrospasm, oculogyric crisis (eyes rolling upwards), grimacing, puckering or pouting of mouth, lip smacking, tongue protrusion, chewing movements, mouth opening, lateral movements of mouth, lock jaw, torticollis (head and neck tilted to one side).
- Upper limb: Tremor, choreiform hand movements (pill rolling or piano rolling), rocking, twisting, and pelvic thrusting.
- Lower limb: Foot tapping, crossing and uncrossing of legs, inversion/eversion of feet

History

1. What medications are you on?
2. How long have you been on this medication?
3. Any change in medication or alteration in dose recently?
4. Have you noticed an increase in salivation or does spit collect in your mouth?
5. Do you feel as if your thinking has slowed down? (Bradyphrenia).
6. Do you feel restlessness or unable to sit still?
7. Any difficulty in speaking, eating or breathing? Have you or your family/friends noticed vocal tics (grunting), dysphonia (spasm of vocal cords), stridor or dysarthria?
8. Are you able to bear weight?
9. Have you noticed any abnormal movements? Has any one commented if they are they present or absent during sleep?
10. Any muscle spasms recently? Does it become worse while writing or doing chores?

Examination

1. Make sure there is nothing in patient's mouth. Ask about dentures or chewing gum.
2. Ask the patient to open mouth and observe the tongue within the mouth.
3. Request the patient to protrude the tongue and observe for any abnormal movements, fasciculations. Do it twice.
4. Ask the patient to sit in a chair with feet on the ground and hands resting on the knees and notice any abnormal movements.
5. Ask the patient to extend both arms in front with palms facing downwards. Check for tremors or any abnormal movements.
6. Check tone in both hands with wrist supported. Look for cogwheel and lead pipe rigidity.
7. Ask patient to tap their thumb with each finger as quickly as possible for 15 seconds. Repeat with other hand.
8. Ask the patient to stand up. Look for any abnormalities in posture.
9. Ask the patient to hold their arms up by their side and then let them drop to their side freely and quickly. Normally a thud would be heard.
10. Ask the patient to walk a few paces. Check if there is an inability to start or stop walking. Check for ataxic gait.

Dystonia

Prevalence is around 10%. Dystonia can occur within hours of starting antipsychotics especially in neuroleptic naïve patients and those on high potency medication. Young people are affected more. It can cause respiratory stridor, breathing difficulties and severe distress. Treatment: oral or IM Procyclidine 5-10 mg or Benztropine 1-3 mg.

Pseudo-parkinsonism (tremor, rigidity, salivation)

Prevalence is around 20%. Onset is within days or weeks of starting or increasing the dose. More in elderly females and people with neurological problems. Treatment: Reduce the dose, change to atypical or treat with anticholinergics.

Akathesia

Prevalence is 25%. It can occur at any time between hours to weeks of commencement of antipsychotics Treatment: Reduce the dose or stop the drug if intolerable. Change to an atypical. Treat with Propranolol (5-30 mg), Cyproheptadine or Diazepam/Clonazepam. DO NOT give anticholinergics.