PP-009 https://doi.org/10.5080/61upk.ozt507

TARDIVE DYSKINESIA IN GERIATRIC POPULATION: A CASE REPORT

Cemre Kılıçarslan, Emel Uysal, Demet Sağlam Aykut

Adult Psychiatry, Karadeniz Teknik University, Trabzon, Türkiye

OBJECTIVE: Tardive dyskinesia (TD) is a syndrome comprising a range of iatrogenic movement disorders caused by dopamine receptor antagonism, including akathisia, dystonia, buccolingual stereotypy, chorea, tics, and other involuntary movements. Most commonly associated with antipsychotic treatment, TD is a persistent and distressing adverse effect. The geriatric population is particularly vulnerable, as advanced age is a well-established risk factor due to age-related neurobiological changes and diagnostic overlap with other movement disorders. Therefore, careful selection and monitoring of antipsychotic treatment are crucial in elderly patients. We present a geriatric patient who developed tardive dyskinesia following long-acting antipsychotic treatment.

CASE: (The patient consent must be provided and specified with appropriate terms). A 70-year-old male with a diagnosis of chronic schizophrenia presented with psychomotor retardation, blunted affect, bruxism, stereotyped pill-rolling hand movements, and repetitive oropharyngeal dyskinesia. These symptoms developed approximately two years after receiving a long-acting paliperidone injection. The patient had remained clinically stable without positive psychotic symptoms for nearly three years prior to symptom onset. He was hospitalized with a differential diagnosis of secondary parkinsonism versus tardive dyskinesia. Paliperidone and madopar were discontinued, with no subsequent clinical worsening suggestive of secondary parkinsonism. Follow-up evaluations supported a diagnosis of tardive dyskinesia, and antipsychotic treatment was switched to clozapine. Under clozapine therapy, TD symptoms improved clinically. The patient continues to be followed on a weekly basis. Consent was obtained from the patient and his son.

DISCUSSION: The onset, causative agent, and dosage associated with tardive dyskinesia are unpredictable, making it a treatment-limiting complication in clinical practice. Advanced age, prior extrapyramidal symptoms, high-dose or long-term antipsychotic use, psychotic disorders, and comorbid mood disorders are established risk factors. This case underscores the importance of appropriate antipsychotic selection and risk management in vulnerable geriatric patients. The observed clinical improvement further supports the role of clozapine in both reducing TD risk and managing established symptoms in high-risk populations.

Keywords: Tardive dyskinesia, geriatric patients, clozapine