Antipsychotic Medication and Movement Problems

Some types of antipsychotic medication can cause movement problems. Some of these problems appear quite quickly after people have started drug treatment, others may develop after people have been on the same type of medication for a long time. This information sheet explains what these problems are and what can be done about them.

Problem	What does it feel like?	Is it serious?	What can be done about this?
Shaking, or slow movements ("parkinsonism")	 feel shaky, feel stiff, find you move more slowly, show less sign of emotion on your face, have more dribble or spit in your mouth, feel as if your mind is working more slowly. 	No, but if you are shaking a lot you may find it difficult to do things, like shave or pour a cup of tea. Older women and people who have had a head injury or stroke appear to be most vulnerable.	 In the short term: an anticholinergic medicine, such as procyclidine, will help. In the medium term: Procyclidine can continue. Many people find they only need to take it sometimes.
			Consider discussing with the doctor whether a small reduction in antipsychotic dose or switch to another drug might help.
Restlessness ("akathisia")	You may feel restless and uncomfortable, both mentally and physically. Relaxing is difficult, so you may feel	Not usually. If you feel irritable all the time, or act impulsively, this could make life difficult for you and the people close to you.	Consider discussing with your doctor whether a small reduction in dose or switch to another antipsychotic might help.
	 irritable or act impulsively. You may feel unable to sit still, so you may find yourself: crossing and uncrossing your legs, rocking from foot to foot, 		If you can't reduce the dose or switch, discuss with the doctor whether it would be worth trying propranolol (30-80mg/day) - not if you have asthma - cyproheptadine (8-16mg/day) or clonazepam (can cause sleepiness).
	pacing up and down to keep on the go.		Procyclidine generally doesn't help.

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Uncontrollable, unusual movements ("tardive dyskinesia")	You may develop odd movements. You may not notice them, but they can look strange to others. Examples are: Smacking your lips together. Chewing when there's nothing in your mouth. Sticking your tongue out. Moving your fingers and hands so that it looks as if you're rolling something between your finger tips or playing the piano.	It can be, but this is very rare. In extreme cases, people with this problem may find it difficult to talk and eat. In some cases, the problem never goes away. Stress may make the odd movements worse. Tardive dyskinesia is more common in older women, people with bipolar illness, people with diabetes and those who have had other movement disorders in the past.	 It may be possible to reduce the dose of your medication, or change to another antipsychotic. Sometimes reducing the dose can make the problem worse in the short-run, but better in the long term. Trying a medicine such as tertabenazine can help, but this medication can cause some people to become depressed.
Extreme muscle stiffness ("dystonia")	Your muscles may go into spasm, or become very tight and feel as if they are out of your control. Examples include: • eyes rolling upwards. • head and neck twisting to one side. Depending on the muscles affected, you may: • find it difficult to speak clearly or swallow food. • feel as if you are having a fit or choking. • have difficultly breathing.	Dystonia can range from being mild and easy to ignore, to severe, painful and frightening. Most people develop these problems within a few weeks of starting treatment, or following an increase in the dose of their medication. Sometimes dystonia occurs months, or even years later, but this is rare. Dystonia is most common in young men.	 In the short term: an anticholinergic medicine, such as procyclidine, will help. In the medium term: Procyclidine can continue. Consider discussing with the doctor whether a small reduction in antipsychotic dose or switch to another drug may help.