

Treatment of Tardive Dyskinesia

Medication	Dose (starting / maintenance)	Comments
Slowly taper off an offending drug		Depending on the dose, taper off over a few weeks.
Dopamine-depleting drugs: Tetrabenazine Reserpine	12.5–25 mg / 50–75 mg (sometimes up to 200 mg daily) 0.25 mg / 0.75–8 mg	First line drug in TD but monitor for worsening of depression, drug-induced parkinsonism (dose-dependent). Rarely used now due to peripheral side effects.
Amantadine	100 mg / 100–300 mg	Mild effect if any. Possibly works by blocking glutamate receptors (Angus S et al, <i>J Clin Psychopharmacol</i> 1997;17(2):88–91).
GABA-ergic drugs: Baclofen Benzodiazepines Valproic acid	5–10 mg / 20–120 mg 0.5 mg / 1–4 mg for clonazepam 500 mg / 900–1500 mg	Mild effect if any, side effects might outweigh benefits (Alabed S et al, <i>Cochrane Database Syst Rev</i> 2011;Apr 13(4):CD000203). Of benzodiazepines, clonazepam is most commonly used (Thaker GK et al, <i>Arch Gen Psychiatry</i> 1990;47(10):980).
Anticholinergic drugs: Trihexyphenidyl Benztropine	1 mg / 4–32 mg 0.5 mg / 1–2 mg	Use only in tardive dystonia. Can worsen other types of TD.
Botulinum toxin	Variable doses	Use especially in focal dyskinesia/dystonia. Can be combined with oral drugs.
Zolpidem	5 mg / 10–40 mg	Does not cause drowsiness in some patients with TD (Waln O & Jankovic J, <i>Mov Disord</i> 2013;28(12):1748–1749).
Other medications: (donepezil, vitamin E, vitamin B6, lithium, melatonin)	Variable doses	Very questionable effectiveness, rarely used in clinical practice.

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