What are movement disorders?

Movement disorders have been reported in people with schizophrenia, with tardive dyskinesia among the most commonly reported. This disorder is a ‘hyper-kinetic’ (excessive movement) disorder, characterised by jerky, involuntary movements, usually of the face and/or limbs. Parkinsonism is another movement disorder associated with schizophrenia, and is a ‘hypo-kinetic’ (reduced movement) disorder, characterised by slowness of movement and rigidity. Movement disorders are primarily associated with the use of antipsychotic medications, however they have also been reported in people who are antipsychotic-naïve.

What is the evidence for movement disorders?

Moderate to high quality evidence suggests a large increase in the risk of dyskinesia and parkinsonism in people with schizophrenia compared to people without schizophrenia. There is also a small increase in this risk in first-degree relatives of people with schizophrenia. Moderate to high quality evidence suggests non-white ethnicity and the presence of early movement symptoms is associated with a small to medium-sized increase in the risk of tardive dyskinesia in people with schizophrenia. There was no effect of age, sex, or medication dose on this association. Moderate quality evidence suggests spontaneous movement disorder may occur in antipsychotic-naïve patients, with approximately 17% showing symptoms of parkinsonism, and 9% showing symptoms of dyskinesia.

For more information see the technical table

SCHIZOPHRENIA Factsheet

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