

Dyskinesia

SCHIZOPHRENIA Factsheet

February 2022

What are movement disorders in schizophrenia?

Catatonia was originally categorised as a subtype of schizophrenia, but it is found in people with other medical, neurological, and psychiatric disorders. Catatonia is characterised by repetitive non-goal-directed movements or goal-directed movements that are executed in an idiosyncratic way. Other forms of catatonia include immobility, mutism, staring, and rigidity. Tardive dyskinesia is a 'hyper-kinetic' (excessive movement) disorder, characterised by jerky, involuntary movements, usually of the face and/or limbs. Parkinsonism is another common movement disorder associated with schizophrenia and is a 'hypo-kinetic' (reduced movement) disorder, characterised by slowness of movement and rigidity. These movement disorders are associated with antipsychotic medications but can arise independent of medication status.

What is the evidence for movement disorders in schizophrenia?

Moderate quality evidence finds the overall prevalence of extrapyramidal symptoms in people with schizophrenia taking antipsychotics is around 37%. Parkinsonism prevalence is 20%, akathisia prevalence is 11%, catatonia prevalence is 10%, and tardive dyskinesia prevalence is 7%. Non-white ethnicity and the presence of early extrapyramidal symptoms is associated with a small to medium-sized increase in the risk of tardive dyskinesia in patients treated with antipsychotics. There were no moderating effects of age, sex, or medication dose.

Moderate to high quality evidence finds around 17% of people with schizophrenia who are antipsychotic-naïve show symptoms of parkinsonism, and 9% show symptoms of dyskinesia. This corresponds to a large increase in the risk of dyskinesia and parkinsonism when compared to controls. There was also a small increase in these symptoms in first-degree relatives of people with schizophrenia.

For more information see the technical table

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.