What are movement disorders?

Catatonia was originally categorised as a subtype of schizophrenia, but it is found in people with other medical, neurological, and psychiatric disorders, including bipolar disorder. Catatonia is characterised by repetitive non-goal-directed movements or goal-directed movements that are executed in an idiosyncratic way, often affecting gait. 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 people with bipolar disorder?

Moderate to low quality evidence finds the prevalence of abnormal involuntary movements in people with bipolar disorder is between 7% and 14%, while catatonic symptoms are found in around 20% of patients.

For more information see the technical table

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