Development of the MIND-TD Questionnaire as a Screening Tool for Tardive Dyskinesia

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ABSTRACT DESCRIPTION

The MIND-TD questionnaire was developed to facilitate clinician-patient dialogues about the risks, symptoms, and impact of tardive dyskinesia (TD). Part 1 is a screening tool with questions about Movement, Impact, Notice, and Daily Activities. Part 2 includes a Thorough Interview and a Follow-up checklist to elicit more information about abnormal movements.

INTRODUCTION

■ MIND TD is a collaboration of healthcare professionals (HCPs) who are committed to raising awareness of TD, its prevention, and potentially disabling movement disorder associated with prolonged exposure to antipsychotics and other dopamine-receptor blocking agents.2
■ All patients taking an antipsychotic should be monitored regularly for TD, per American Psychiatric Association guidelines.4

The MIND-TD questionnaire was developed to help HCPs screen for TD and facilitate discussion about abnormal movements with patients.

OBJECTIVES

Demonstrate understanding of MIND-TD, a new screening questionnaire that can be routinely administered in person or via telehealth at patients at risk of developing TD.

Identify and differentiate key features of TD from those of other drug-induced movement disorders (DIMDs) using the MIND-TD questionnaire.

Recognize that TD should be treated with an approved vesicular monoamine transporter 2 (VMAT2) inhibitor, not anticholinergics, which do not improve and may worsen TD symptoms.

METHODS

An expert panel of 13 HCPs (4 psychiatrists, 6 neurologists/movement disorder specialists [MDSs], 3 advanced practice providers [APPs]) met virtually in August 2020 to discuss potential screening questions for TD:

• 4 of these panels (1 psychiatrist, 2 neurologists/MDSs, 1 APP) drafted potential screening questions related to the following topics: Movement, Impact, Notice, Daily Activities.

They then tested these questions in clinical practice for revision and refinement.

2 additional sections were developed to elicit more information from patients with abnormal movements that could be related to TD.

These included a Thorough Interview and a Follow-up checklist (MIND-TD), which can help clinicians distinguish TD from other DIMDs.

The MIND-TD questionnaire was further refined using practices from speech language pathologists (e.g., skeletal kinetic), to facilitate telehealth screening for TD, including audio-only interactions.

RESULTS

MIND-TD Questionnaire Part 1 (Figure 1)

■ Routine administration of the “MIND” screening questions is suggested in all patients at risk for developing TD or who have a current diagnosis of TD.

■ Any trained medical staff can administer Part 1, either in person or via telehealth (video or audio-only interactions).

■ Patients respond “yes” to any of these questions, follow-up questions and discussion are recommended.

MIND-TD Questionnaire Part 2 (Figure 2)

The “TD” sections should be administered by the treating HCP in patients who have abnormal movements.

The thorough interview can be conducted either in person or via telehealth (video or audio-only interactions).

It includes 9 items related to physical/functional difficulties and 3 simple instructions for speech difficulties.

The differentiator section requires visual observation of the patient, either in person or in video.

It includes checklists of characteristic movements of TD and drug-induced parkinsonism, an item related to akathisia, and suggests observing for abnormal or involuntarv movements.

Some tips for differentiating TD from other DIMDs during video visits include modeling the movements for patients to try and directing patients’ where to point the camera.

Potential follow-up questions that would be related to TD can be used if the patient displays key TD signs.

Conclusions

MIND-TD is a questionnaire that can facilitate dialogue between HCPs and patients about the risks, symptoms, and impact of TD.

The “MIND” screening questions can stand alone and are compatible with both in-person and telehealth (video or audio-only).

The more in-depth “TD” sections can be used to gather additional information about a patient’s abnormal movements.

This information can be used to help differentiate TD from other DIMDs so that appropriate treatment decisions can be made.

REFERENCES


Figure 2. MIND-TD Questionnaire Part 2

Figure 3. Treatment Recommendations for TD

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