

from exposure to antipsychotics. TD is often irreversible, may be debilitating, and cause additional burden to patients with underlying psychiatric conditions.

**OBJECTIVE:** To assess the impact of developing TD, both with and without other EPS, on healthcare resource utilization (HRU).

**METHODS:** Data on patients receiving antipsychotics who had schizophrenia, major depressive disorder, or bipolar disorder were extracted from a Medicaid claims database. Patients from the TD cohorts (TD+EPS and TD non-EPS) were matched to those in the non-TD/EPS cohort at ~1:5 ratio. HRU outcomes associated with TD were assessed.

**RESULTS:** TD+EPS (n=289) and TD non-EPS (n=394) cohorts were matched with 1398 and 1922 control patients, respectively. The percentage of patients with all-cause and mental disorder-related inpatient admissions increased from baseline to follow-up in the TD+EPS (12.8% and 12.5%, respectively) and TD non-EPS (16.0% and 13.5%) cohorts, in contrast with slight decreases (~3%) in matched controls. A higher percentage of patients in the TD cohorts had medical admissions/visits and claims for drugs that might be used to address TD or EPS than their matched controls at baseline and follow-up. The within-cohort change from baseline to follow-up in the use of potential drugs for TD or EPS was similar between the TD cohorts and their matched controls; however, both TD cohorts exhibited a larger increase in crisis–non-specific psychotherapy services versus matched controls.

**CONCLUSIONS:** Results demonstrated increased HRU in TD patients with or without other pre-existing EPS, compared with matched controls.

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143

### Effect of Tardive Dyskinesia on Quality of Life: Patient-Reported Symptom Severity Is Associated With Deficits in Physical, Mental, and Social Functioning

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**ABSTRACT:** Introduction: Tardive dyskinesia (TD), an often-irreversible movement disorder typically caused by exposure to antipsychotics, most commonly affects the face, mouth, and tongue and may be debilitating

**OBJECTIVE:** To investigate TD burden on patients' quality of life and functionality

**METHODS:** Adults with clinician-confirmed schizophrenia, bipolar disorder, or major depressive disorder participated in an observational study. Approximately half (47%) of participants had a clinician-confirmed TD diagnosis. Participants completed the SF-12v2 Health Survey® (SF-12v2), Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (Q-LES-Q-SF), social withdrawal subscale of the Internalized Stigma of Mental Illness scale (SW-ISMI), and rated the severity of their TD symptoms. Group differences in SF-12v2 physical and mental component summaries (PCS and MCS), Q-LES-Q-SF, and SW-ISMI scores were analyzed.

**RESULTS:** TD (n=79) and non-TD (n=90) groups were similar in age, gender, and number of patients with schizophrenia, bipolar disorder, and major depressive disorder. TD patients reported significantly worse scores on PCS (P=0.003), Q-LES-Q-SF (P<0.001) and SW-ISMI (P<0.001) than non-TD patients. The difference in PCS exceeded the established minimal clinically important difference (MCID) of 3 points. When stratified by TD severity, those with more severe symptoms had significantly worse Q-LES-Q-SF (P<0.001) and SW-ISMI (P=0.006) scores than those with less severe symptoms. Differences in PCS (P=0.12) and MCS (P=0.89) were in the expected direction and exceeded the MCID.

**CONCLUSIONS:** Among patients with psychiatric disorders, TD is associated with significant physical health burden and incremental mental health burden. TD severity is also associated with lower overall quality of life and greater social withdrawal.

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144

### A Clinical Practice Assessment In Tardive Dyskinesia: Are Physicians Up-to-Date?

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