

## **SENATE RESOLUTION NO. 706**

Whereas, many people with serious, chronic mental illnesses, such as schizophrenia and other schizoaffective disorders, bipolar disorders, or severe depression, require treatment with medications that work as dopamine receptor blocking agents (DRBAs), including antipsychotics; and

Whereas, while ongoing treatment with these medications can be very helpful, and even lifesaving, for many people, such treatment can also lead to tardive dyskinesia; and

Whereas, many people who have gastrointestinal disorders, including gastroparesis, nausea, and vomiting, also require treatment with DRBAs; and

Whereas, treatment of gastrointestinal disorders with DRBAs can be very helpful, but for many patients can lead to tardive dyskinesia; and

Whereas, tardive dyskinesia is a movement disorder that is characterized by random, involuntary, and uncontrolled movements of different muscles in the face, trunk, and extremities, and, in some cases, people may experience movement of the arms, legs, fingers, toes, tongue, lips, and jaw. Other symptoms may include swaying movements of the trunk or hips and impact to the muscles associated with walking, speech, eating, and breathing; and

Whereas, tardive dyskinesia can develop months, years, or decades after a person starts taking DRBAs and even after they have discontinued use of those medications. Not everyone who takes a DRBA develops tardive dyskinesia, but, if it develops, tardive dyskinesia is often permanent; and

Whereas, common risk factors for tardive dyskinesia include advanced age and alcoholism or other substance abuse disorders. Postmenopausal women and people with a mood

disorder are also higher risk of developing tardive dyskinesia; and

Whereas, a person is at higher risk for tardive dyskinesia after taking DRBAs for three months or longer, but the longer the person is on these medications, the higher the risk of developing tardive dyskinesia; and

Whereas, studies suggest that overall risk of developing tardive dyskinesia is between 10 and 30 percent; and

Whereas, it is estimated that over 500,000 Americans suffer from tardive dyskinesia and, according to the National Alliance for Mental Illness, one in every four patients receiving long-term treatment with an antipsychotic medication will experience tardive dyskinesia; and

Whereas, years of difficult and challenging research have resulted in recent scientific breakthroughs, with two new treatments for tardive dyskinesia approved by the U.S. Food and Drug Administration; and

Whereas, tardive dyskinesia is often unrecognized and patients suffering from the illness are commonly misdiagnosed. Regular screening for tardive dyskinesia in patients taking DRBA medications is recommended by the American Psychiatric Association; and

Whereas, patients suffering from tardive dyskinesia often suffer embarrassment due to abnormal and involuntary movements, which leads them to withdraw from society and increasingly isolate themselves as the disease progresses; and

Whereas, caregivers of patients with tardive dyskinesia face many challenges and are often responsible for the overall care of the patient; and

Whereas, the Senate can raise awareness of tardive dyskinesia in the public and medical community:

Now, Therefore, Be It Resolved that the members of the Missouri Senate, One Hundred First General Assembly, Second Regular Session, hereby designates the week of May 1, 2022, as "Tardive Dyskinesia Awareness Week"; and

Be it further resolved the members of the Missouri Senate encourage Missouri residents to become better informed about and aware of tardive dyskinesia.