

## **Antipsychotic Use & Tic Development**

Often the choice to use antipsychotic medication is driven by the parents' primary concerns: Is it anxiety, or is it rage?

There have been billions of dollars spent in the last 25 years on antipsychotic medication development and research. They are commonly used, often overused, and interchanged often. Unfortunately, there are many long-term side effects that we are just beginning to study. Risperdal can cause an increase in progesterone levels which can lead to breast development in boys. Abilify is currently being studied for causing [metabolic syndrome](#). So, all your effort to lock the fridge and monitor what your child eats is fruitless. Metabolic syndrome doesn't care about what you eat.

However, antipsychotic-medications can be helpful. They can minimize rage and make for a generally more agreeable kid. In the long run, though, it still doesn't fix the targeted areas of the brain associated with DMDD, so the effects of doing well will be short-lived. Most find that the first year is pretty good and then spend the next couple of years increasing and adding on other things while battling unwanted side effects.

### **Tardive Dyskinesia**

[Tardive Dyskinesia](#) Tardive Dyskinesia or tics can be caused by many medication classifications, but dopamine-affecting medications are most often the cause. These medications include but are not limited to atypical antipsychotics, stimulants for ADHD treatment, and [Amantadine](#). Stimulants and atypical antipsychotics are often overused and are the first go-to medication for parents experiencing rage or violence with their children.

Tics are a serious but often misunderstood condition and can occur while starting or weaning off atypical antipsychotic medications and or stimulants. Adding or decreasing additional dopamine affecting medications, such as a stimulant or [Amantadine](#), can also exasperate tic development and severity. If not treated quickly and correctly, they can be permanent and get worse over time. It is critical to only make changes to one medication at a time to reduce the risk of developing tics.

Abilify is a very common atypical antipsychotic. It is a dopamine reducing medication. A slow wean can manage the severity of withdrawal or likeliness of developing tics. Many children have come on and off these medications with extreme difficulty. Weaning off these medications should be done with caution and a full understanding of the appropriate weaning schedule. Ideally, it should be decreased by 2.5 mg every 4 weeks. If tics develop during the wean, it is critical to react quickly. If tics develop while decreasing the dose, add back in Abilify by 1mg every 3-5 days until the tics completely subside. Begin the wean process again but at a slower rate such as 1mg every 2-4 weeks.

Many parents and doctors choose to add in another medication to manage the tics, which is a critical misstep. Often, we as parents are hesitant to stop a medication we feel is working well. It is not only critical to respond appropriately to tic development, but also to identify the cause and take steps to understand the correct response.

While tics overall are uncommon and considered a rare but severe side effect, the combination of multiple dopamine-affecting medications can make it difficult to determine the medication

causing the tics. Adjust one medication at a time, whether adding in or removing medications. Tics can also become worse during periods of high stress and lack of sleep. Tics do not occur while sleeping. Tics are thought to be due to changes in the parts of the brain that control movement. They can run in families, and there's likely to be a genetic predisposition in many cases.

In rare cases, Amantadine can cause tics. If your child has a history of tics due to prolonged atypical antipsychotic use or from stimulants, Amantadine should be used cautiously. Amantadine should not be added while weaning off an antipsychotic medication. It can be added after a prolonged period of antipsychotic use to minimize the risk of developing tics.

If tics continue and the medication causing them has been discontinued, seek treatment from a pediatric neurologist. Often with appropriate medication and a fast response, tics will subside over the course of six months to a year. Once a child has experienced tics, they will have a higher likelihood of developing them in the future if trying a similar medication

**References:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6548364/>

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