



Policy Number:	90-07
Policy Name:	Abnormal Involuntary Movement Screening
Authority:	Division
Original Policy Date:	September 25, 1990
Most Recent Edit:	November 12, 2024
Supersedes:	N/A
Attachments:	A. Abnormal Involuntary Movement Scale (AIMS)

PURPOSE

To promote the clinical assessment and early detection of akathisia, dystonia, parkinsonism, and other abnormal involuntary movements, including tardive dyskinesia. Early recognition of a drug-induced movement disorder is essential to allow for prompt intervention.¹ When abnormal movements are observed, documentation of a discussion of the benefits and risks of ongoing antipsychotic treatment with client and/or conservator, efforts to reduce or discontinue antipsychotic medications, and/or other appropriate treatment planning is required.

PROCEDURE/PROTOCOL

I. Who Performs Screenings

- A. BHRS Physicians and Nurse Practitioners.
- B. BHRS Community Mental Health Nurses may screen clients for tardive dyskinesia. If abnormal findings, or an intensification of symptoms previously observed, immediate consultation with a physician is required and must be documented in the client’s medical record.

II. Who Must Be Screened

- A. All clients diagnosed with schizophrenia, schizoaffective disorder, depression with psychotic features, or bi-polar disorder, whether currently receiving neuroleptic medications.
- B. All clients currently receiving antipsychotic, VMAT-2 inhibitor, or lithium medications regardless of diagnosis.²

III. Screening:^{2, 3}

- A. A clinical assessment for abnormal movements at each visit.
- B. Using the Abnormal Involuntary Movement (AIMS) Scale
 - 1. At initial evaluation.



2. Whenever a new onset or exacerbation of preexisting movements is detected or reported.
3. Prior to initiating an antipsychotic, VMAT-2 inhibitor, or lithium medication or when switching to a different antipsychotic.
4. At least every 6 months in patients at high risk for tardive dyskinesia including individuals older than 55years; women; individuals with a mood disorder, substance use disorder, intellectual disability, or central nervous system injury; individuals with high cumulative exposure to antipsychotic medications, particularly high-potency D2 receptor antagonists; and patients who experience acute dystonic reactions, clinically significant parkinsonism, or akathisia.
5. Once yearly for other patients.
6. Six months after discontinuance of antipsychotic medications that lasted three months or longer. Abnormal involuntary movements can also emerge or worsen with antipsychotic cessation.
7. Every 3 months for children and adolescents.⁵

IV. Documentation

- A. Informed Consent from client or conservator is required prior to initiating or changing doses of psychiatric medications including antipsychotics. See [BHRS Policy 16-12 Psychiatric Medication Consent for Voluntary Adults and Youth](#) for additional information about informed consent for medications.
- B. Complete the AIMS form located in the electronic medical record.
- C. Document completion of the screening in the progress note.
- D. Any abnormal findings should be documented in the electronic medical record along with:
 1. a note that benefits and risks of ongoing antipsychotic treatment were discussed with client and/or conservator.
 2. a note describing ongoing evaluative and treatment directions.

V. Education

- A. Abnormal Involuntary Movement Scale (AIMS) To Determine Tardive Dyskinesia Symptoms along with instructions for how to complete the exam are available as an attachment to this policy and located here: [90-07 Attach-Invol Mvmnt Scale \(smchealth.org\)](#)
- B. Additional training is available through the American Association of Psychiatric Pharmacists⁴ [The AIMS Assessment and Tardive Dyskinesia | aapp.org](#)
- C. Additional training is available by talking to a BHRS supervising psychiatrist.



REFERENCES:

1. Duma & Fung 2019 Drug-induced movement disorders - Australian Prescriber (tg.org.au)
2. American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, third ed 2020: Guideline Statements and Implementation | Practice Guidelines (psychiatryonline.org)
3. Evidence-based guidelines for the pharmacological treatment of schizophrenia: Updated recommendations from the British Association for Psychopharmacology (bap.org.uk)
4. Treatment Guidelines: Medication-Induced Movement Disorders | aapp.org
5. Los Angeles Department of Mental Health: PARAMETERS MED-08 FOR USE OF PSYCHOTROPIC MEDICATION IN CHILDREN AND ADOLESCENTS.

SIGNATURES

Approved: _____ *Signature on File*

Tasha Souter, MD
 BHRS Medical Director

Approved: _____ *Signature on File*

Dr. Jei Africa, PsyD, FACHE
 BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
11/12/24	Amend	Policy: amended
11/14/12	Amend	Policy: amended & renamed (<i>Formerly: Tardive Dyskinesia Screening Program</i>)
09/23/98	Amend	Policy: amended
12/31/97	Amend	Policy: amended