Myth: TD movements only occur in the face and are always rapid and jerky in appearance.
Fact: Specific TD movements may include the following and could affect the face, torso, and/or other body parts.\(^1,^2\) Movements may appear rapid and jerky and/or slow and writhing.\(^1,^2\)

Lip smacking, puckering, or pursing
Tongue darting or protrusion
Excessive blinking
Jaw chewing, clenching, or side-to-side movements
Twisting or dancing fingers and toes

Myth: There are no known specific risk factors for why people develop TD.
Fact: TD symptoms can start after taking antipsychotics for a few months.\(^3,^4\) In addition to taking mental health medicine, the following factors may also play a role in your risk for TD:

- Having a mood disorder, such as depression or bipolar disorder\(^5\)
- Older age (55+)\(^6\)
- Substance use disorder\(^7\)
- Being postmenopausal\(^8\)

Myth: It takes a couple of years, at least, for TD to develop.
Fact: TD may develop after a few months of taking certain types of mental health medicine (antipsychotics) to treat bipolar disorder, depression, schizoaffective disorder, or schizophrenia.\(^3,^5,^9\)

Myth: Once you stop taking your mental health medicines your TD symptoms will stop.
Fact: TD is a chronic condition that is often persistent and generally does not go away without treatment.\(^5,^10\) Do not stop taking your medicines without talking to your healthcare provider.

Myth: There are no FDA-approved treatment options for adults who live with TD.
Fact: There are FDA-approved treatments for TD. If you or someone you know is experiencing symptoms, it’s important to talk to a healthcare professional about potential treatment options.

Learn more about TD, living with TD, and how to treat TD by visiting TalkAboutTD.com

Sources: