



Extrapyramidal Symptoms

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What are extrapyramidal symptoms (EPS)?

- EPS are a group of disorders characterized by unintentional body movements
- They are caused by changes in brain signaling after use of medications called antipsychotics
- Medications may include
 - Haloperidol, fluphenazine, perphenazine, trifluoperazine, pimozide, chlorpromazine, thioridazine, clozapine, olanzapine, risperidone, quetiapine, amisulpride, ziprasidone, aripiprazole, lurasidone, asenapine, iloperidone, paliperidone

What are the types of EPS and how do you recognize them?

Dystonia	Akathisia	Pseudo-parkinsonism	Tardive Dyskinesia
Strong, painful, continuous muscle contractions, often of the neck, head, or tongue.	Restlessness, inability to sit still, compelling urge to move	Jerking movements, slow movements	Repetitive movements of the mouth, tongue, lips, face (chewing, lip-smacking, etc.)
Occurs hours to days after use of medication.	Occurs after 1-8 weeks of medication use	Occurs after 1-4 weeks of medication use	Occurs after months to years of medication use



What do we do about EPS?

Managing EPS can be a complex and difficult process that takes time for you and your provider to optimize your medication regimen.

General principles of management involve decreasing dose of medication, changing medications, using multiple medications, and ultimately maximizing the intended medication effect while minimizing any undesired side effects.

There are other medications that can assist in decreasing severity of EPS. Depending on the type, timing, and severity of EPS, some people may benefit from use of the following medications:

- Benztropine, diphenhydramine, amantadine, propranolol, valbenzine, tetrabenazine