

# Dyskinesia Identification System: Condensed User Scale (DISCUS)

<b>Client Name</b>		<b>I.D. or Unit</b>
<b>Exam Type</b> (check one) <input type="checkbox"/> 1. Baseline <input type="checkbox"/> 2. 6-Month <input type="checkbox"/> 3. D/C: 1 Month <input type="checkbox"/> 4. D/C: 2 Month <input type="checkbox"/> 5. D/C: 3 Month <input type="checkbox"/> 6. Admission <input type="checkbox"/> 7. Other	<b>Current Psychopharmacologic Drugs and Anticholinergic Drugs</b> (also list any other drugs prescribed to treat TD or associated with TD)	
	_____ mg/day _____ mg/day _____ mg/day _____ mg/day _____ mg/day _____ mg/day _____ mg/day	
<b>Cooperation</b> (check one) <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Partial <input type="checkbox"/> 3. Full		

**Scoring**

- 0** — **Not Present** (abnormal movements not observed **or** some movements observed but not considered abnormal)
- 1** — **Minimal** (abnormal movements are difficult to detect **or** are easy to detect but only occur only once or twice in a short non-repetitive manner)
- 2** — **Mild** (abnormal movements occur infrequently **and** are easy to detect)
- 3** — **Moderate** (abnormal movements occur frequently **and** are easy to detect)
- 4** — **Severe** (abnormal movements occur almost continuously **and** are easy to detect)
- NA** — **Not Assessed** (an assessment for an item is not able to be made.)

**Assessment**

DISCUS Item and Score (circle one score for each item)

<b>Face</b>	1. Tics .....	0	1	2	3	4	NA
	2. Grimaces .....	0	1	2	3	4	NA
<b>Eyes</b>	3. Blinking .....	0	1	2	3	4	NA
<b>Oral</b>	4. Chewing/Lip Smacking .....	0	1	2	3	4	NA
	5. Puckering/Sucking Thrusting Lower Lip .....	0	1	2	3	4	NA
<b>Lingual</b>	6. Tongue Thrusting/ Tongue in Cheek .....	0	1	2	3	4	NA
	7. Tonic Tongue .....	0	1	2	3	4	NA
	8. Tongue Tremor .....	0	1	2	3	4	NA
	9. Athetoid/Myokymic/ Lateral Tongue .....	0	1	2	3	4	NA
<b>Head/ Neck/ Trunk</b>	10. Retrocollis/Torticollis .....	0	1	2	3	4	NA
	11. Shoulder/Hip Torsion .....	0	1	2	3	4	NA
<b>Upper Limb</b>	12. Athetoid/Myokymic Finger-Wrist-Arm .....	0	1	2	3	4	NA
	13. Pill Rolling .....	0	1	2	3	4	NA
<b>Lower Limb</b>	14. Ankle Flexion/ Foot Tapping .....	0	1	2	3	4	NA
	15. Toe Movement .....	0	1	2	3	4	NA

**Evaluation** (see prerequisites on other side)

1. Greater than 90 days antipsychotic drug exposure?    YES    NO
  2. Total score of 5 or greater (or other scoring indicator)?    YES    NO
  3. Other diagnoses accounting for score?    NO    YES (specify)  
\_\_\_\_\_
  4. Last exam date: \_\_\_\_\_  
Last total score: \_\_\_\_\_  
Last conclusion: \_\_\_\_\_
- Preparer signature and title for items 1-4 (if different from prescriber):
5. Conclusion (circle one):
 

A. No TD (if scoring prerequisite met, please discuss in comments) B. Probable TD C. Masked TD	D. Withdrawal TD E. Persistent TD F. Remitted TD G. Other (specify below)
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  6. Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments/Other**

**TOTAL SCORE**  
(items 1-15)

Rater Signature and Title

Exam Date

Prescriber Signature

Date

# Simplified Diagnoses for Tardive Dyskinesia (SD-TD)

**PREREQUISITES** — The 3 prerequisites are as follows. Exceptions may occur.

1. A history of at least three months' total cumulative antipsychotic drug exposure. Include amoxapine and metoclopramide in all categories below as well.
2. **Scoring/Intensity Level:** The presence of a **total score of five (5) or above**. Also be alert for any change from baseline or scores below 5 which have at least a "moderate" (3) or "severe" (4) score on any item or at least two "mild" (2) scores on items located in different body areas.
3. Other conditions are not responsible for the movements.

**DIAGNOSES** — The diagnosis is based upon the current exam and its relation to the last exam. The diagnosis can shift depending upon whether: (a) movements are present or not, (b) movements are present for 3 months or more (6 months if on a semi-annual assessment schedule), and (c) antipsychotic drug or dose changes occur and effect movements.

- **NO TD** — Movements **are not** present on this exam **or** movements are present, but another condition is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLE TD** — Movements **are** present on this exam. However, this is the first time they are present **or** they have never been present for 3 months or more. The last diagnosis must be NO TD or PROBABLE TD.
- **PERSISTENT TD** — Movements **are** present on this exam **and** they have been present for 3 months or more with this exam or at some point in the past. The last diagnosis can be any except NO TD.
- **MASKED TD** — Movements **are not** present on this exam **but** this is due to an antipsychotic dose increase or reinstatement after a prior exam when movements were present. Also use this category if movements are not present due to the addition of a medication to treat TD. The last diagnosis must be PROBABLE TD, PERSISTENT TD, WITHDRAWAL TD, or MASKED TD.
- **REMITTED TD** — Movements **are not** present on this exam **but** PERSISTENT TD has been diagnosed **and** no antipsychotic dose increase or reinstatement has occurred. The last diagnosis must be PERSISTENT TD or REMITTED TD. If movements re-emerge, the diagnosis shifts back to PERSISTENT TD.
- **WITHDRAWAL TD** — Movements **are not seen while** receiving antipsychotic drugs **but are seen within 8 weeks** following an antipsychotic dose reduction or discontinuation. The last diagnosis must be NO TD or WITHDRAWAL TD. If movements continue for 3 months or more after the antipsychotic dose reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for 3 months or more after the reduction or discontinuation, the diagnosis shifts to NO TD.

## Instructions

1. The rater completes the Assessment according to the standardized examination procedure. If the rater also completes Evaluation items 1-4, he/she must also sign the preparer box. The form is given to the prescriber. Alternatively, the prescriber may perform the assessment.
2. The prescriber completes the Evaluation section. The prescriber is responsible for the entire Evaluation section and its accuracy.
3. It is recommended that the prescriber examine any individual who meets the 3 prerequisites or who has movements not explained by other factors. Neurological assessment or differential diagnostic tests which may be necessary should be obtained.
4. File form according to policy or procedure.

## Other Conditions (partial list)

- |  |                                 |
|--|---------------------------------|
| 1. Age                                   | 12. Huntington's Chorea         |
| 2. Blind                                 | 13. Hyperthyroidism             |
| 3. Cerebral Palsy                        | 14. Hypoglycemia                |
| 4. Contact Lenses                        | 15. Hypoparathyroidism          |
| 5. Dentures/No Teeth                     | 16. Idiopathic Torsion Dystonia |
| 6. Down's Syndrome                       | 17. Meige Syndrome              |
| 7. Drug Intoxication (specify)           | 18. Parkinson's Disease         |
| 8. Encephalitis                          | 19. Stereotypies                |
| 9. Extrapyramidal Side-Effects (specify) | 20. Sydenham's Chorea           |
| 10. Fahr's Syndrome                      | 21. Tourette's Syndrome         |
| 11. Heavy Metal Intoxication (specify)   | 22. Wilson's Disease            |
|  | 23. Other (specify)             |

The DISCUS side 2 Simplified Diagnoses for Tardive Dyskinesia (SD-TD) was a modified version adapted for applied use in relation to the DISCUS of the Research Diagnoses for Tardive Dyskinesia [Schooler, N.R., & Kane, J.M. (1982). Research diagnoses for tardive dyskinesia. *Archives of General Psychiatry*, 37, 486-487; Sprague, R.L., & Kalachnik, J.E. (1991). Reliability, validity, and a total score cut-off for the Dyskinesia Identification System: Condensed User Scale (DISCUS) with mentally ill and mentally retarded populations. *Psychopharmacology Bulletin*, 27, 51-58]. It is not intended to cover all aspects of TD and is not a substitute for the user reviewing other sources of information. (Side 2)