
The most serious long-term risk of conventional antipsychotic drugs is tardive dyskinesia, an often irreversible problem emergent after years of treatment. Many studies have documented greater prevalence, severity and persistence of tardive dyskinesia with increasing age. Most of these have been cross-sectional studies that do not permit reliable risk estimates or risk factor identification.

Woerner, et. al. conducted the largest, prospective study in the oldest patient sample to date (261 neuroleptic-naive patients over age 55, mean age 77) as they began antipsychotic drug treatment. The patients were evaluated at baseline and followed up at three month intervals for a mean follow-up period of 115 weeks. Haloperidol was the most commonly chosen antipsychotic, prescribed for 68% of the patients. For most patients the antipsychotic dose was very low; half of the patients taking medication at one year were receiving the equivalent of less than or equal to 1 mg. of haloperidol per day. This was a mixed diagnostic group including primary diagnoses of Alzheimer’s dementia, multi-infarct dementia, other organic mental syndromes, major affective disorders, schizophrenia, and anxiety disorders. The cumulative rates of tardive dyskinesia were 25%, 34%, and 53% after one, two and three years of cumulative antipsychotic treatment. Most of the tardive dyskinesia was of mild to moderate severity. This study did not find a significantly higher rate of tardive dyskinesia in patients with organic mental disorders, but there was a greater risk
with higher doses, longer treatment, history of extrapyramidal signs early in
treatment, and previous treatment with ECT. One limitation of this study lies in
the difficulty in distinguishing between spontaneous dyskinesias in elderly
patients unrelated to medication, and tardive dyskinesia resulting from
antipsychotic drugs. Spontaneous dyskinesia in the elderly has been found in
other studies at rates ranging from 5-37%.

This study found rates of tardive dyskinesia 3-5 times those found in younger
patients, even though the doses used were very low. This finding would lead
many clinicians to favor the newer antipsychotics (clozapine, olanzapine,
risperidone, and quetiapine) in the elderly, all of which have been reported to
cause less tardive dyskinesia, since this has been demonstrated in studies
involving predominantly younger patients, further research is necessary before
concluding which antipsychotic(s) should be our first choice in the elderly.