



HR0705

LRB102 26364 MST 36527 r

1

HOUSE RESOLUTION

2 WHEREAS, Many peoples with serious, chronic mental
3 illness, such as schizophrenia and other schizoaffective
4 disorders, bipolar disorder, or severe depression, require
5 treatment with medications that work as dopamine receptor
6 blocking agents (DRBAs), including antipsychotics; and

7 WHEREAS, While ongoing treatment with these medications
8 can be very helpful and even lifesaving, for many people, it
9 can also lead to Tardive Dyskinesia (TD); and

10 WHEREAS, Many people who have gastrointestinal disorders,
11 including gastroparesis, nausea, and vomiting, also require
12 treatment with DRBAs; and

13 WHEREAS, Treatment of gastrointestinal disorders with
14 DRBAs can be very helpful, but for many patients, it can lead
15 to Tardive Dyskinesia; and

16 WHEREAS, Tardive Dyskinesia is a movement disorder that is
17 characterized by random, involuntary, and uncontrolled
18 movements of different muscles in the face, trunk, and
19 extremities; in some cases, people may experience movement of
20 the arms, legs, fingers, and toes; it may affect the tongue,
21 lips, and jaw; symptoms may include swaying movements of the

1 trunk or hips and may impact the muscles associated with
2 walking, speech, eating, and breathing; and

3 WHEREAS, Tardive Dyskinesia can develop months, years, or
4 decades after a person starts taking DRBAs and even after they
5 have discontinued use of those medications; not everyone who
6 takes a DRBA develops TD, but if it develops, it is often
7 permanent; and

8 WHEREAS, Common risk factors for Tardive Dyskinesia
9 include advanced age and alcoholism or other substance abuse
10 disorders; postmenopausal women and people with a mood
11 disorder are also at higher risk of developing Tardive
12 Dyskinesia; and

13 WHEREAS, A person is at higher risk for TD after taking
14 DRBAs for three months or longer, but the longer the person is
15 on these medications then the higher the risk of developing
16 Tardive Dyskinesia; and

17 WHEREAS, Studies suggest that overall risk of developing
18 Tardive Dyskinesia is between 10 and 30 percent; and

19 WHEREAS, It is estimated that over 600,000 Americans
20 suffer from Tardive Dyskinesia; according to the National
21 Alliance for Mental Illness, one in every four patients

1 receiving long-term treatment with an antipsychotic medication
2 will experience Tardive Dyskinesia; and

3 WHEREAS, Years of difficult and challenging research have
4 resulted in recent scientific breakthroughs, with two new
5 treatments for Tardive Dyskinesia approved by the United
6 States Food and Drug Administration; and

7 WHEREAS, Tardive Dyskinesia is often unrecognized, and
8 patients suffering from the illness are commonly misdiagnosed;
9 regular screening for TD in patients taking DRBA medications
10 is recommended by the American Psychiatric Association (APA);
11 and

12 WHEREAS, Patients suffering from Tardive Dyskinesia often
13 suffer embarrassment due to abnormal and involuntary
14 movements, which leads them to withdraw from society and
15 increasingly isolate themselves as the disease progresses; and

16 WHEREAS, Caregivers of patients with Tardive Dyskinesia
17 face many challenges and are often responsible for the overall
18 care of the TD patient; and

19 WHEREAS, The Legislature can raise awareness of Tardive
20 Dyskinesia in the public and in the medical community;
21 therefore, be it

1 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
2 HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
3 we declare the week of May 1, 2022 as "Tardive Dyskinesia
4 Awareness Week" in the State of Illinois; and be it further

5 RESOLVED, That we encourage the citizens of Illinois to
6 become better informed about Tardive Dyskinesia.