Understanding Movement Disorders (636.2)

This Instructor's Guide contains:
Brief Description, Objectives, Discussion Questions, Pretest, Post-test, Clinical Application Questions, and Answer Keys for this program, Understanding Movement Disorders. The questions included in this Guide follow the NCLEX model. Institutions that have purchased this program from Concept Media have permission to duplicate any of the contents of this Instructor's Guide for teaching purposes.
Understanding Movement Disorders

Program Description:

This program describes in depth the various involuntary movement disorders that can occur with patients taking psychotropic medications. It discusses how these disorders can seriously impact a patient’s daily functioning, as well as their trust and compliance in treatment. It also explores how healthcare providers can misinterpret or become desensitized to movement disorders and fail to intervene before these become difficult or impossible to eradicate. Included are discussions of dystonia, dyskinesia, akathisia, paroxysms, and pseudo-Parkinsonism. Practical assessment techniques for professionals are included.

Objectives:

Upon completion of this program, the learner will be able to:

- List the types of movement disorders associated with psychotropic medications.
- Describe the movements seen in the various movement disorders.
- Discuss how movement disorders can impact and impair daily life.
- Outline effective assessment techniques for identifying movement disorders.
- Explain why movement disorders may go undiagnosed.
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Previewing Questions:

True or False

1. Extrapyramidal side effects are also known as bipolar disorders.
2. Movement disorders are present in 12% of patients on psychotropic medications.
3. Movement disorders can cause the patient to lose trust in the treatment.
4. Movement disorders usually have little effect on daily life.
5. Staff may conclude that movement disorders are attention-seeking behaviors being faked by the patient.
6. Tardive refers to patients who tend to fall as part of the movement disorder.
7. Akathisia causes patients to be unable to sit still.
8. Dystonia includes cramping.
9. Opisthotonos causes the patient to curl forward into a ball.
10. Dyskinesia includes a variety of facial tics.
11. The AIMS test is a measure of akathisia.
12. The AIMS test includes a written exam.
13. The modified Angus Simpson scale is used in helping patients control the weight gain associated with some psychotropics.
14. “Cogwheel rigidity” is seen in pseudoparkinsonism.
15. The Barnes-Akathisia scale includes ten specific questions the therapist asks the patient.
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Previewing Questions: Answer Key

Correct Answer Blacked Out

1. True □
2. False □
3. False □
4. True □
5. False □
6. True □
7. False □
8. False □
9. True □
10. False □
11. True □
12. True □
13. True □
14. False □
15. True □
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Discussion Questions:

1. What kinds of social problems do patients with unresolved movement disorders face?
2. What types of movements are seen in dystonia?
3. What types of movements are seen in dyskinesia?
4. What do we see in a patient who has pseudoparkinsonism?
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Post-Test Questions:

Select the INCORRECT response

1. Extrapyramidal side effects:
   a. can resemble the negative signs of schizophrenia.
   b. can resemble the positive signs of schizophrenia.
   c. are commonly known as movement disorders.
   d. are also known as bipolar disorders.

2. Some statements indicating staff attitudes that might cause movement disorders to go undiscovered include:
   a. “He’s just faking it.”
   b. “That’s how he always acts.”
   c. “That’s just him.”
   d. “He’s never done that before.”

Select the CORRECT response

3. Movement disorders are present in:
   a. 1-2% of patients on psychotropic medication.
   b. 2-5% of patients on psychotropic medication.
   c. 5-27% of patients on psychotropic medication.
   d. 18-75% of patients on psychotropic medication.

4. Ill effects of movement disorders include the fact that they:
   a. can progress
   b. won’t respond to medication.
   c. erode the patient’s trust in the treatment.
   d. are early warning signs of more trouble.
   e. All of the above

5. Movement disorders may negatively affect a person’s life by:
   a. preventing him or her from sitting still.
   b. preventing him or her from concentrating.
   c. causing tradesmen to lose the ability to work with their hands.
   d. stigmatizing him or her.
   e. All of the above
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Post-Test Questions: continued

Match the word with the correct phrase:

6. tardive  
   a. a form of spasm in which the body is arched backward

7. akathisia  
   b. late in appearing

8. dystonia  
   c. acute cramping or tightening of muscles sets it apart from other movement disorders

9. opisthotonos  
   d. odd movements of the jaw, mouth, and tongue are common

10. dyskinesia  
    e. feeling of muscle quivering, an urge to move about constantly, inability to sit still.

11. The AIMS test:
    a. was developed by the National Institute of Mental Health.
    b. measures akathisia.
    c. involves a systematic checklist.
    d. measures abnormal involuntary movement.

12. In performing the AIMS test:
    a. the person sits in a chair with back straight and feet on the floor.
    b. the interviewer looks for any immediate abnormal movements.
    c. both the interviewer and the patient concentrate on the same muscle groups.
    d. looking for abnormal tongue movements is important.

13. The modified Angus Simpson scale:
    a. assesses pseudoparkinsonian disorders.
    b. is performed with the patient sitting with back straight and feet on the floor.
    c. evaluates the patient’s range of motion.
    d. assesses for “cogwheel rigidity.”

14. As part of the Angus Simpson test, the interviewer:
    a. observes the patient’s walk to evaluate gait, posture, and rigidity.
    b. diverts the patient’s attention to allow signs in other areas to surface.
    c. taps the patient’s forehead to reveal involuntary blinking.
    d. tests the patient’s memory.
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Post-Test Questions: continued

15. The Barnes-Akathisia scale:
   a. considers staff perception.
   b. focuses on the patient’s perception of his or her disorder.
   c. assesses stiffness in the shoulder area.
   d. involves rating the patient.
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Post-Test Questions Answer Key:

1. a b c □ e
2. a b c □ e
3. a b c □ e
4. a b c □ d □
5. a b c □ d □
6. a □ c d e
7. a b c □ d □
8. a b □ d e
9. □ b c d e
10. a b c □ e
11. a □ c d e
12. a b □ d e
13. a □ c d e
14. a b c □ e
15. a b □ d e
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Clinical Application Questions:

After several years as a Med-Surg nurse, you have just accepted employment in an inpatient psychiatric treatment facility for mentally ill inmates in the state prison system. During your orientation, several of the long-term members of the staff warn you that the patients will try to “game” you with weird symptoms to get more medication and more attention. However, you have done a lot of reading in preparation for this new job, and you know that there are a variety of reasons patients may act strangely.

1. What have you learned about movement disorders that will help you more effectively evaluate your patients?
   a. Abnormal movements can be symptoms of specific psychiatric disorders as well as side effects of medications.
   b. Movement disorders can wax and wane throughout the day, causing staff to believe that the movements are faked.
   c. Onset may be subtle, and if not documented, the presence of a movement disorder can go undetected for long periods of time.
   d. b and c
   e. All of the above

Rex Albert has been unable to sit still for several months. Due to several changes in physician coverage and staffing on the unit, the problem was only recently recognized as being a significant side-effect of one of his medications. Since his medications have his mental disorder relatively well controlled, the physician is reluctant to change his regimen, but has placed him on an additional medication to try to control the movement disorder.

1. What is NOT true about movement disorders?
   a. Abnormal movements left untreated can lead to tardive movement disorders, which are difficult or impossible to eliminate.
   b. Movement disorders can be very upsetting to the patient and decrease their trust in the prescribed treatment.
   c. Movement disorders can interfere with activities of daily living and cause patients to lose their independence.
   d. Movement disorders are relatively rare, making them more difficult to distinguish from the symptoms of the mental illness.
   e. Movement disorders can mime the symptoms of certain psychiatric disorders, such as schizophrenia.
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Clinical Application Questions: Answer Key

1. a b c d □
2. a b c □ e
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Glossary:

**Abnormal Involuntary Movement Scale (AIMS):** A systematic checklist developed by the National Institute of Mental Health to determine whether a patient is developing any permanent side effects from psychotropic medications.

**Akathisia:** A syndrome in which the patient is unable to sit quietly due to motor restlessness and a feeling of muscular quivering.

**Barnes Akathisia Scale:** Assessment process which utilizes a brief verbal interview regarding symptoms, the patient’s own perception of his or her disorder, and how the akathisia might be affecting the patient’s daily living.

**Bradykinesis:** Extreme slowness of movement.

**Dyskinesia/dyskinetic:** Difficulty in performing normal movements; involuntary abnormal movements, including facial movements and tics.

**Dystonia/Dystonic:** A state of either hyper- or hypotonicity of the tissues.

**Extrapyramidal System (EPS):** All brain structures affecting body movement except the motor neurons, motor cortex, and the pyramidal tract.

**Extrapyramidal Side Effects:** Physical symptoms, including tremor, slurred speech, akathisia, dystonia, anxiety, distress, paranoia, and slowing of thought, associated with unusual reactions to, or improper dosing of, neuroleptic medications.

**Glabellar Reflex:** An abnormal blinking reflex seen in pseudoparkinsonism which is elicited by tapping the patient lightly on the glabella, the slight protuberance just above the bridge of the nose.

**Modified Angus Simpson Scale:** A hands-on technique of evaluating alterations in range of motion found in pseudoparkinsonism.

**Movement Disorders:** Abnormal, involuntary movements which may be experienced by patients on psychotropic medications.

**Opisthotonos:** A severe dystonic spasm in which the body is arched backwards, the body resting only on the head and heels.

**Paroxysms:** The rarest form of the movement disorders, they primarily manifest as body spasms or pseudo seizures.
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Glossary continued

**Pill Rolling:** A form of tremor in which the tips of the thumb and forefinger are rubbed together in a circular motion.

**Pseudo-Parkinsonism:** A syndrome of side effects seen in patients on psychotropic medications that mime Parkinson’s disease. The possible symptoms include slowed movement, slowed speech and thought, flat affect, forward cant to the head and shoulders when walking, and oily skin combined with seborrheic dermatitis.

**Psychiatry:** The diagnosis and treatment of disorders in mental health.

**Psychosis:** A mental disorder causing significant disorganization in, or distortion of, a person’s mental functioning.

**Schizophrenia:** The most common type of psychosis, it is a group of mental disorders that disrupt the thinking processes, and includes delusions, visual and auditory hallucinations, and withdrawal from the world.

**Seborrhea:** Excessive activity of the sebaceous glands, resulting in excessive sebum on the skin.

**Stigma:** A mark of shame or discredit.

**Tardive:** Late or tardy. In describing medication-related movement disorders, it applies to symptoms that develop without early intervention that are often difficult or even impossible to eradicate.