

STATE OF ARKANSAS
EXECUTIVE DEPARTMENT

PROCLAMATION

TO ALL TO WHOM THESE PRESENTS COME – GREETINGS:

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

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

WHEREAS: Many people who have gastrointestinal disorders, including gastroparesis, nausea, and vomiting also require treatment with DRBA's; and,

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

WHEREAS: Tardive Dyskinesia is a movement disorder that is characterized by random, involuntary, and uncontrolled movements of different muscles in the face, trunk, and extremities. In some cases, people may experience movement of the arms, legs, fingers, and toes. In some case, it may affect the tongue, lips, and jaw. In other cases, symptoms may include swaying movements of the trunk or hips and may impact the muscles associated with walking, speech, eating, and breathing; and

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

WHEREAS: Common risk factors for Tardive Dyskinesia include advanced age and alcoholism or other substance abuse disorders. Postmenopausal women and people with a mood disorder are also higher risk of developing Tardive Dyskinesia; and

WHEREAS: A person is at higher risk for TD after talking DRBAs for three months or longer, but the longer the person is on these medications, the higher the risk of developing Tardive Dyskinesia; and

WHEREAS: Studies suggest that annual risk of developing Tardive Dyskinesia in patients over the age of 45 is between 15 and 30 percent after one year of treatment; and

WHEREAS: It is estimated that nearly 700,000 Americans suffer from Tardive Dyskinesia. According to the National Alliance for Mental Illness, one in every four patients receiving long-term treatment with an antipsychotic medication will experience Tardive Dyskinesia; and

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

WHEREAS: Tardive Dyskinesia is often unrecognized and patients suffering from the illness are commonly misdiagnosed. Regular screening for TD in patients taking DRBA medications is recommended by the American Psychiatric Association (APA); and

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

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

WHEREAS: It is important to bring awareness of Tardive Dyskinesia in the public and medical community;

NOW, THEREFORE, I, ASA HUTCHINSON, Governor of the State of Arkansas, by virtue of the authority vested in me by the laws of the State of Arkansas, do hereby proclaim the week of May 1st through May 8th, 2022, as

TARDIVE DYSKINESIA AWARENESS WEEK

across the state, and I encourage each individual in the United States to become informed about Tardive Dyskinesia.

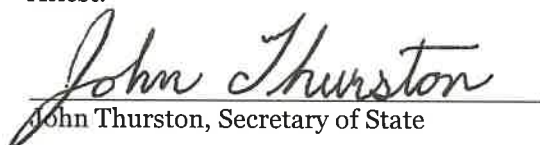
IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Arkansas to be affixed this 31st day of January, in the year of our Lord 2022.



Asa Hutchinson Governor



Attest:



John Thurston, Secretary of State