

Tardive Dyskinesia (TD) **Awareness Toolkit**

Resources and Materials for
HEALTHCARE PROFESSIONALS,
PATIENTS/RESIDENTS, AND
CARE PARTNERS



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Toolkit Introduction

Approximately 6% of US adults, about 15.4 million people, live with a serious mental illness [SMI].¹ SMIs are a group of debilitating conditions that include schizophrenia, acute mania, bipolar disorder, major depressive disorder, delusional disorder, severe agitation, borderline personality disorder, Tourette syndrome, dementia, and substance-induced psychotic disorder.²

Antipsychotic medication [AP] is the main treatment option for managing SMIs, both in the acute phase of illness and for longer-term management. APs are effective in controlling SMI symptoms, and maintenance doses are associated with lower relapse rates, but their prolonged use can lead to a condition called tardive dyskinesia [TD].³ To learn more about the connection between SMI and TD, click [here](#).

TD is an involuntary movement disorder characterized by uncontrollable movements of the face, torso, limbs, and fingers or toes.⁴⁻⁷ There are at least 800,000 people in the United States living with TD, and, of those, ~60% have not yet been diagnosed.⁸ Additionally, research suggests up to 30% of people who have taken first-generation antipsychotics and up to 21% of patients who have taken second-generation antipsychotics over a prolonged period may develop TD.⁹

In addition to the burden on the individual, studies show a significant economic burden associated with TD. For people with TD, the mean total all-cause healthcare costs increased by 26.2% post diagnosis. The major cost driver was inpatient admissions, with an increase of 56.1%, but outpatient clinic, outpatient pharmacy, and emergency room service costs were all also substantially higher.¹⁰ The US total yearly healthcare and medication costs for people with TD were nearly double the costs for those without TD—\$54,656 vs \$28,777 per person, respectively.¹⁰

As we address the challenges of caring for individuals with SMIs, it's crucial to raise awareness of TD, due to its significant physical, social, and psychological impact on patients/residents, along with a substantial economic burden on the healthcare system.¹⁰ Increasing awareness of TD within your organization ensures that healthcare providers, patients/residents, and care partners are better equipped to recognize and manage the condition. This collective awareness promotes timely, informed care, reduces stigma, and may ultimately improve the quality of life for those affected by both SMIs and TD.

Neurocrine is pleased to introduce the 2025 TD Awareness Toolkit, designed to provide comprehensive educational materials and resources that help build awareness and understanding of TD among your care teams, patients/residents, and their care partners. This toolkit also includes a variety of digital communication templates that your organization can use throughout the year to increase awareness of TD and its impact both internally and within the broader community across your digital channels. These templates include emails and social media content, all crafted to effectively promote TD awareness.

To learn more about Neurocrine's toolkit and how it can be integrated seamlessly within your organization, please see pages 4-6.

Neurocrine is committed to relieving patient suffering, supporting care teams, and reducing disease burden. Thank you for playing a pivotal role in ensuring the vulnerable population living with TD gets the diagnosis, treatment, and relief they need.

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How It Works

TD may have an impact on quality of life and on healthcare utilization and costs.¹ Accurate diagnosis of TD is crucial for its effective treatment and management but is challenging due to the subtle and gradual onset and fluctuating nature of symptoms. The risk of TD associated with second-generation antipsychotic treatment is often underestimated, and mild cases may not be easily distinguished from everyday habits, tics, and mannerisms.² Even upon evaluation, TD may be difficult to identify as movements can present at rest but diminish when a person performs any form of volitional movement [eg, tongue dyskinesia reduces when they are asked to protrude their tongue].³

To improve the likelihood of identifying the subtle and changing presentation of TD symptoms earlier in the disease, it is crucial for care teams, care partners, and patients/residents to be aware of the signs and remain vigilant.

The more individuals who are informed about TD and actively looking for its signs, the better the chances of diagnosis and management.

Toolkit Components and Use

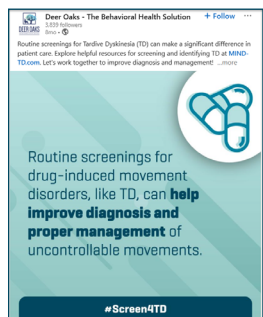
This toolkit consists of **3 sections**, offering resources to help your organization raise TD awareness **year-round**, during **TD Awareness Week**, and throughout **other awareness and appreciation weeks**. These resources are specifically designed for your care teams, patients/residents, care partners, and the broader community.

All content within this toolkit is available for digital download. For print versions of any materials, please contact your Corporate Account Manager.

Section 1: Year-Round TD Awareness

This section includes resources to educate on TD **year-round**—what it is, why it matters, and what care teams, patients/residents, and care partners should watch for. It also provides digital communications to engage those within the organization's digital footprint.

Use Case:



Care Team Resources

- **How:** Printed and distributed or shared digitally; can be provided ad hoc or incorporated into education sessions
- **Who:** All care team members who interact with patients/residents, including nonclinical staff

Patient/Resident and Care Partner Resources

- **How:** Printed and distributed at appointments or at bedside (as appropriate)
- **Who:** All patients/residents who are being treated with an antipsychotic (as appropriate) and their care partners

Communication Resources

- **How:** Using the digital communication platforms your organization prefers [eg, social media, e-blasts]
- **Who:** Subscribers of your organization's digital communication platforms [internal, patients/residents, care partners, community]

REFERENCES

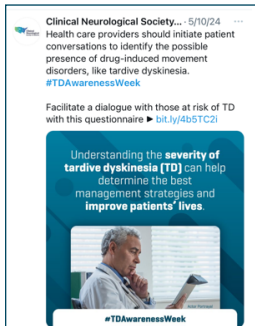
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How It Works [cont.]

Section 2: TD Awareness Week

This section includes resources to educate on TD during **TD Awareness Week (TDAW)**, which takes place from **May 4-10, 2025**. Nationwide, organizations that manage or advocate for patients/residents with SMI dedicate this week to hosting events and sharing educational materials to raise awareness about TD within their organizations and communities. While the use cases for TDAW materials are like those for year-round materials, they should be specifically deployed during the second week of May to join hundreds of other organizations in driving awareness during this dedicated week.

Use Case:



Care Team Resources

How: Printed and distributed or shared digitally; can be provided ad hoc or incorporated into education sessions during TDAW

Who: All care team members who interact with patients/residents, including nonclinical staff

Communication Resources

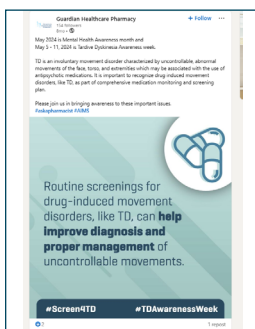
- **How:** Using the digital communication platforms your organization prefers (eg, social media, e-blasts) during TDAW
- **Who:** Subscribers of your organization's digital communication platforms [internal, patients/residents, care partners, community]

Section 3: Awareness and Appreciation Weeks

Given that TD is a concern for patients/residents with SMIs on antipsychotics, consider extending TD awareness efforts throughout May to coincide with Mental Health Awareness Month, and then again during Mental Illness Awareness Week in October. This section offers communication resources to help engage the broader community during these key periods.

Recognizing the invaluable role your care teams play in identifying, screening, diagnosing, and managing TD, this section also includes communication templates to celebrate the crucial contributions of your staff during their respective appreciation weeks.

Use Case:



Communication Resources

- **How:** Using the digital communication platforms your organization prefers (eg, social media, e-blasts) during Mental Health Awareness Month, Mental Illness Awareness Week, as well as during care team appreciation weeks (refer to [pages 29-33](#) for a comprehensive list of all appreciation and awareness week dates)
- **Who:** Subscribers of organizations' digital communication platforms [internal, patients/residents, care partners, community]

How It Works [cont.]

In addition to sharing TD awareness resources with care teams, patients/residents, and care partners during day-to-day engagements, organizations can host more dynamic activities during TDAW and throughout the year to spread TD awareness and education. Your Neurocrine Corporate Account Manager can collaborate with you on various initiatives, whether in-person or virtual, offering opportunities to further raise awareness within your organization and communities.

Host webinars


to educate care teams, patients/residents, and care partners. Individual TD awareness resources can be shared pre- or post-webinar.



Conduct live education sessions

for care teams, patients/residents, and care partners. Individual TD awareness resources can be shared pre- or post-session.





YEAR-ROUND TD AWARENESS

CARE TEAM RESOURCES

TD Fact Sheet

Download this resource to provide care teams with an overview of TD, including risk factors and the importance of routine screenings for drug-induced movement disorders (DIMDs), such as TD.

Tardive Dyskinesia Overview

Actor Portrayal



What Is Tardive Dyskinesia (TD)?

TD is an involuntary movement disorder that is characterized by uncontrollable movements of the face, torso, limbs and fingers or toes.¹⁻⁴ The abnormal, involuntary and repetitive movements associated with TD may be rapid and jerky or slow and writhing.^{1,4,5} This can be disruptive and negatively impact people living with TD.⁵ TD is a chronic condition that is unlikely to improve without treatment.^{2,3}

What Causes TD?

TD is associated with the use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses, such as^{3,5}:

- Bipolar disorder
- Major depressive disorder
- Schizophrenia
- Schizoaffective disorder

Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.^{6,7}

How Common Is TD?

TD is estimated to affect at least **800,000 adults in the United States**, and of those living with TD, approximately **60% remain undiagnosed**.^{2,8}



What Are the Risk Factors for TD?

In addition to taking antipsychotic medication, the following factors may also increase the risk of developing TD:



Being older (55 years and above)⁹



Being postmenopausal¹⁰



Having a substance use disorder^{9,11}

How Does TD Affect Everyday Lives?

The abnormal, involuntary and repetitive movements of TD can negatively impact people physically, socially and emotionally.¹² Even mild uncontrollable body movements from TD could have emotional and social consequences.¹² These movements can cause worry, frustration and self-consciousness.^{13,14}

According to a survey, people with a confirmed TD diagnosis (n = 75) reported that the condition extremely negatively affected them in areas such as the following[†]:



Social life[†]



Mental health[†]



Ability to perform their job[†]

[†]Results based on a survey of 175 people with a confirmed TD diagnosis (n = 75) or with suspected TD (n = 100) who were asked to rate the effects of the condition on various aspects of life. Results shown include the number of responses among people with a confirmed TD diagnosis (n = 75) who gave a 6 or 7 on the scale to indicate that the aspect of life is "Extremely Negatively Affected" by TD.

[†]Base: TD Patient ATI 2024. Responses based on survey question "Since first experiencing [CONDITION], how have the following areas of your life been affected, if at all? Please use a scale of 0 to 7 when 0 means 'Not at all affected' and 7 means 'Extremely negatively affected'."

Could It Be TD?

It's important that people who have taken antipsychotic medication be monitored by a healthcare provider for drug-induced movement disorders, such as TD.^{4,9} Routine screenings for involuntary movements in people taking antipsychotic medication are essential for earlier detection, diagnosis and appropriate management to help improve therapeutic outcomes.⁹

If you have taken antipsychotic medication and are experiencing abnormal, involuntary and repetitive movements, initiate a conversation with your healthcare provider. U.S. Food and Drug Administration-approved treatments for TD are available.

Please visit **TalkAboutTD.com**, and follow **@Neurocrine** on Facebook, LinkedIn and X to learn more about TD and available resources.



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You Deserve **Brave Science**®



Mental Health and TD Among Diverse Communities Fact Sheet

Download this resource to educate care teams about disparities in care among adults diagnosed with SMI and the risk of DIMDs, including TD.

Mental Illness and Tardive Dyskinesia Among Racially and Ethnically Diverse Communities

57.8 million

U.S. adults experienced mental illness¹



14.1 million

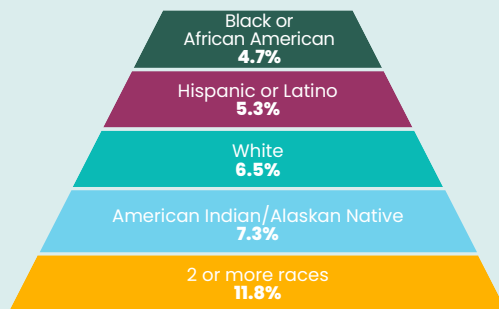
U.S. adults lived with a serious mental illness (SMI)¹

*According to data from 2021.

Serious mental illness (SMI) is a mental, behavioral or emotional disorder resulting in serious functional impairment, interfering with or limiting one or more major life activities.²

Disparities in Care

PERCENTAGE OF ADULTS DIAGNOSED WITH AN SMI²



Treatment rates are significantly lower for racially and ethnically diverse adults. Whereas 69.8% of White people with an SMI have received treatment, only³:

- 51.7% of Hispanic or Latino people,
- 55.8% of Black or African American people and
- 57.6% of American Indian or Alaskan Native people have received treatment.³

Overall, **~35% of U.S. adults diagnosed with an SMI have not received treatment.**¹

Living with a mental illness can impact all aspects of a person's life. However, minority populations often face **increased systematic barriers** to receiving **diagnosis and treatment**.

Factors that could contribute include⁴:

- Lack of diversity or cultural understanding, including language barriers, by healthcare providers.
- Stigma of mental illness among minority groups.
- Lack of insurance or underinsured.
- Distrust in the healthcare system.

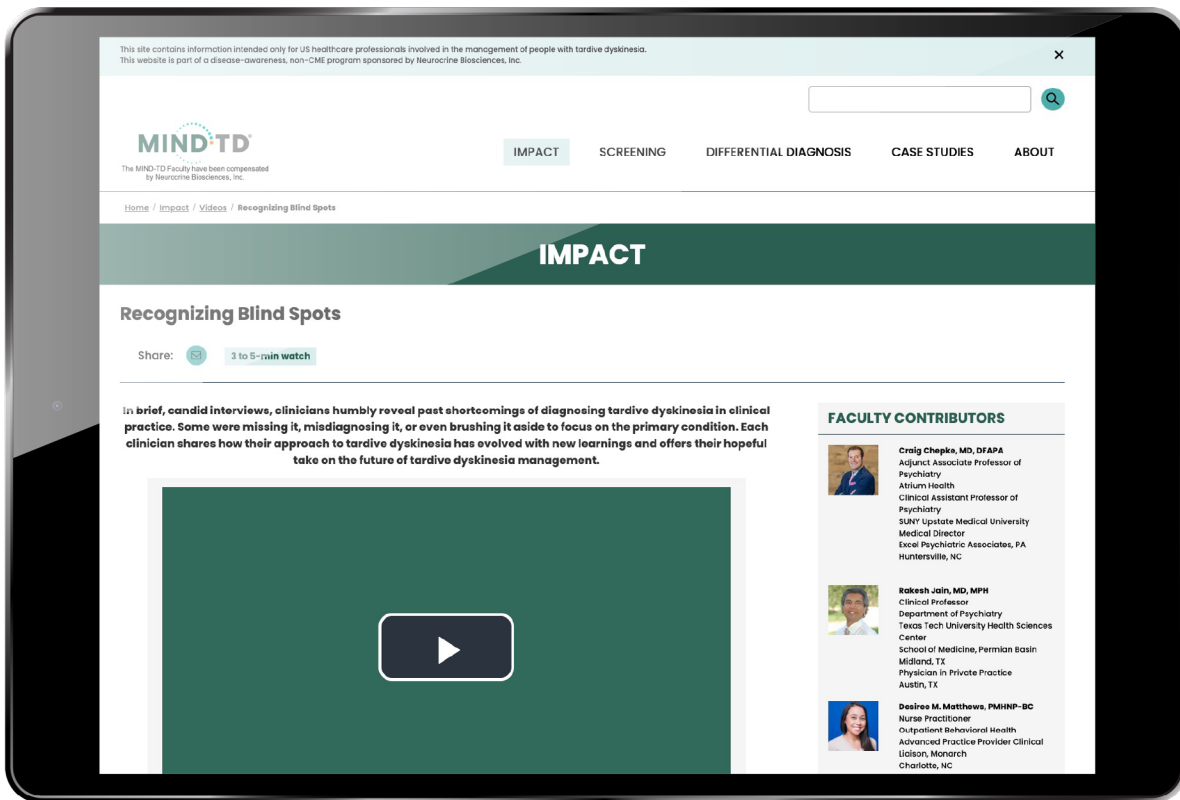
SMI affects all populations, regardless of race or ethnicity, and available treatments are prescribed across racially and ethnically diverse groups.^{2,5} Antipsychotics are prescribed to treat SMI and can cause **drug-induced movement disorders (DIMDs)**.^{6,7} It's important that people who have taken antipsychotic medication be monitored by a healthcare provider for DIMDs.

However, because of disparities in treatment, **Black or African American and Hispanic or Latino people are significantly less likely to see a specialist** (30% and 40%, respectively).⁸



Care Team Testimonials

Click [here](#) or scan the QR code below to view a video providing brief, candid interviews, in which clinicians share how their approach to TD has evolved with new learnings and offer their thoughts on the future of TD management.

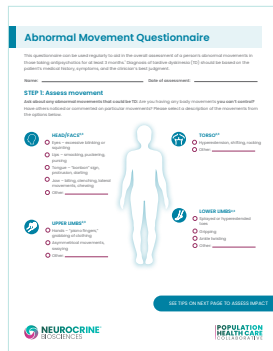


Scan to Access This Material

TD Screening Resources

Once awareness is established, how can your organization ensure proper screening and diagnosis of TD by your staff? **[Download](#)** these resources that can support care teams in effectively screening for TD. Resources can be used by a range of staff, from nonclinical to clinical.

Abnormal Movement Questionnaire



To help HCPs with their overall assessment of a patient's/resident's abnormal movements.

MIND-TD Questionnaire



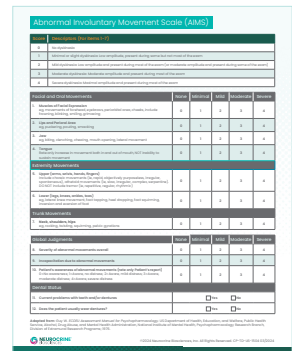
To help HCPs facilitate a dialogue with those at risk for TD about the presence and impact of uncontrollable movements.

AIMS Instructional Booklet



To help HCPs learn how to use the AIMS to assess the severity and progression of TD over time.

AIMS Assessment



To help HCPs assess the severity and progression of TD over time.

Screening Toolkit



Screening Toolkit that includes the individual resources mentioned above, along with additional education and messaging tailored to nonclinical and clinical staff.



YEAR-ROUND TD AWARENESS

PATIENT/RESIDENT AND CARE PARTNER RESOURCES

Brochure: Talk About TD®

Download this resource to help educate patients/residents and care partners on the causes of TD, what it looks like, and how it is treated.



Discussion Guide: Talk About TD®

Download this resource to help patients/residents and care partners prepare for discussions with their care teams about TD.

TALK ABOUT TD®

HAVE UNCONTROLLABLE BODY MOVEMENTS? IT COULD BE TARDIVE DYSKINESIA (TD)

Tardive dyskinesia (TD) is a condition in which people taking certain mental health medicines (antipsychotics) experience uncontrollable movements in different parts of their bodies.

Use the questionnaire below to help guide your conversation with your healthcare provider during your next appointment in person, over the phone, or online.

- 1

Have you taken certain mental health medicines (antipsychotics) to treat any of the following conditions? (Select all that apply)

☐ Depression

☐ Anxiety disorder

☐ Other

☐ Schizoaffective disorder

☐ Bipolar disorder

- 2

Do you have mild, moderate, or severe uncontrollable body movements?

☐ Yes

☐ No

- 3

Where on your body have you experienced uncontrollable movements, such as lip pursing or puckering, darting tongue, excessive blinking, twisting hands, dancing fingers, torso jerking, rocking, or twisting? (Select all that apply)

☐ Eyes

☐ Lips

☐ Torso

☐ Hands/Fingers

☐ Feet/Toes

☐ Tongue

☐ Jaw

☐ Arms

☐ Legs

- 4

How much of an impact have uncontrollable body movements had on your life?

Physically (e.g., household activities, sleeping, writing, typing)

☐ No impact

☐ Mild impact

☐ Moderate impact

☐ Significant impact

Socially (e.g., personal relationships, employment)

☐ No impact

☐ Mild impact

☐ Moderate impact

☐ Significant impact

Emotionally (e.g., frustration, anxiety, worry)

☐ No impact

☐ Mild impact

☐ Moderate impact

☐ Significant impact

Other topics to discuss with your healthcare provider:

☒ When your uncontrollable body movements started and how frequently they occur

☒ How your uncontrollable body movements affect your thoughts and feelings

☒ If others have noticed your uncontrollable body movements

☒ How your uncontrollable body movements affect your relationships with others

This questionnaire is not a validated assessment tool, nor a diagnostic tool for TD. TD must be diagnosed by a medical professional.

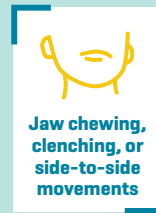
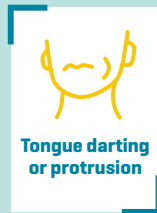
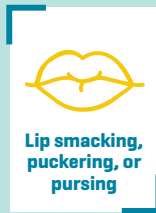
Testing TD Knowledge

Download this resource to share with patients/residents and care partners to help assess their understanding of TD after they have received information on the condition.

Test Your Tardive Dyskinesia (TD) Knowledge

Myth: TD movements only occur in the face and are always rapid and jerky in appearance.

Fact: Specific TD movements may include the following and could affect the face, torso, and/or other body parts.^{1,2} Movements may appear rapid and jerky and/or slow and writhing.^{1,2}



Myth: There are no known specific risk factors for why people develop TD.

Fact: TD symptoms can start after taking antipsychotics for a few months.^{3,4} In addition to taking mental health medicine, the following factors may also play a role in your risk for TD:

- Having a mood disorder, such as depression or bipolar disorder⁵
- Older age (55+)⁶
- Substance use disorder⁷
- Being postmenopausal⁸

Myth: It takes a couple of years, at least, for TD to develop.

Fact: TD may develop after a few months of taking certain types of mental health medicine (antipsychotics) to treat bipolar disorder, depression, schizoaffective disorder, or schizophrenia.^{3,5,9}

Myth: Once you stop taking your mental health medicines your TD symptoms will stop.

Fact: TD is a chronic condition that is often persistent and generally does not go away without treatment.^{5,10} Do not stop taking your medicines without talking to your healthcare provider.

Myth: There are no FDA-approved treatment options for adults who live with TD.

Fact: There are FDA-approved treatments for TD. If you or someone you know is experiencing symptoms, it's important to talk to a healthcare professional about potential treatment options.

Learn more about TD, living with TD, and how to treat TD by visiting [TalkAboutTD.com](https://www.talkabouttd.com)

This material was developed by Neurocrine Biosciences.

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Patient Testimonials: Jeff's Story

Download this video to hear Jeff's story regarding his journey with TD. **Spanish subtitles are also available.**



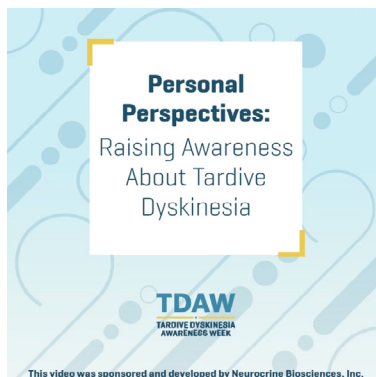
Patient Testimonials: April's Story

Download this video to hear April's story regarding her journey with TD. **Spanish subtitles are also available.**



Patient Testimonials: Raising Awareness About TD

Download this video to hear Jeff and April discuss the impact TD has had on their lives and the importance of raising awareness. **Spanish subtitles are also available.**





YEAR-ROUND TD AWARENESS COMMUNICATION RESOURCES

Email: Year-Round TD Awareness

Click [here](#) to view an Outlook Template (OFT) that your organization can customize and share with internal and external distribution lists throughout the year.

DID YOU KNOW?

Tardive dyskinesia (TD)

is an involuntary movement disorder that is characterized by uncontrollable movements of the face, torso, limbs, and fingers or toes.¹⁻⁴

[Click here to download a TD Fact Sheet](#)



TD is associated with use of antipsychotic medication

that may be necessary to treat individuals living with mental illnesses such as bipolar disorder, major depressive disorder, schizophrenia, and schizoaffective disorder.^{3,5}

[Click here to learn about risk factors for TD](#)

There are at least
800,000
people in the United States
living with TD

AND

approximately
60 percent
of them have not yet
been diagnosed.⁶

Proactive recognition and treatment of TD can make a positive impact for many people who are already managing mental illness, including their loved ones or care partners.

To learn more, visit

MIND-TD.com

A compendium of educational resources for all clinical team members to facilitate identification of TD and its differentiation from other movement disorders.

Resources include [clinician-led podcasts](#), [videos](#), and [presentations](#) alongside [tools for use in clinical practice](#) and [real-world patient case videos](#).

REFERENCES: **1.** Task Force on Tardive Dyskinesia. Tardive dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. **2.** Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5 **3.** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2023. **4.** Guy W. *ECDEU Assessment Manual for Psychopharmacology*. Rev. 1976. U.S. Dept. of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. **5.** Caroff SN, Hurlford I, Lybrand J, Campbell EC. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neurol Clin*. 2011;29(1):127-148. doi:10.1016/j.ncl.2010.10.002. **6.** Data on file. Neurocrine Biosciences, Inc.



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Social Media Copy: Year-Round TD Awareness

Below are suggested template posts for your preferred social channel that can be tailored as appropriate year-round outside of TD Awareness Week. The social copy seen below can be **downloaded** here. High-resolution social graphics sized for Facebook, X, Instagram, and LinkedIn can be found on [page 20](#).

What Is TD?

- Tardive dyskinesia [TD] is an involuntary movement disorder associated with the use of antipsychotic medication, characterized by uncontrollable movements of the face, torso, limbs and fingers or toes. Learn more about the signs, symptoms and management of TD: TalkAboutTD.com.
- Did you know tardive dyskinesia [TD] is associated with antipsychotic medication used to treat mental illnesses such as bipolar disorder, major depressive disorder and schizophrenia? Learn more about TD and access resources at TalkAboutTD.com.
- Do you know someone experiencing uncontrollable movements of the face and/or body parts? It might be tardive dyskinesia [TD], an involuntary movement disorder associated with the use of antipsychotic medication. Share to raise TD awareness and learn more: TalkAboutTD.com

Impact of TD

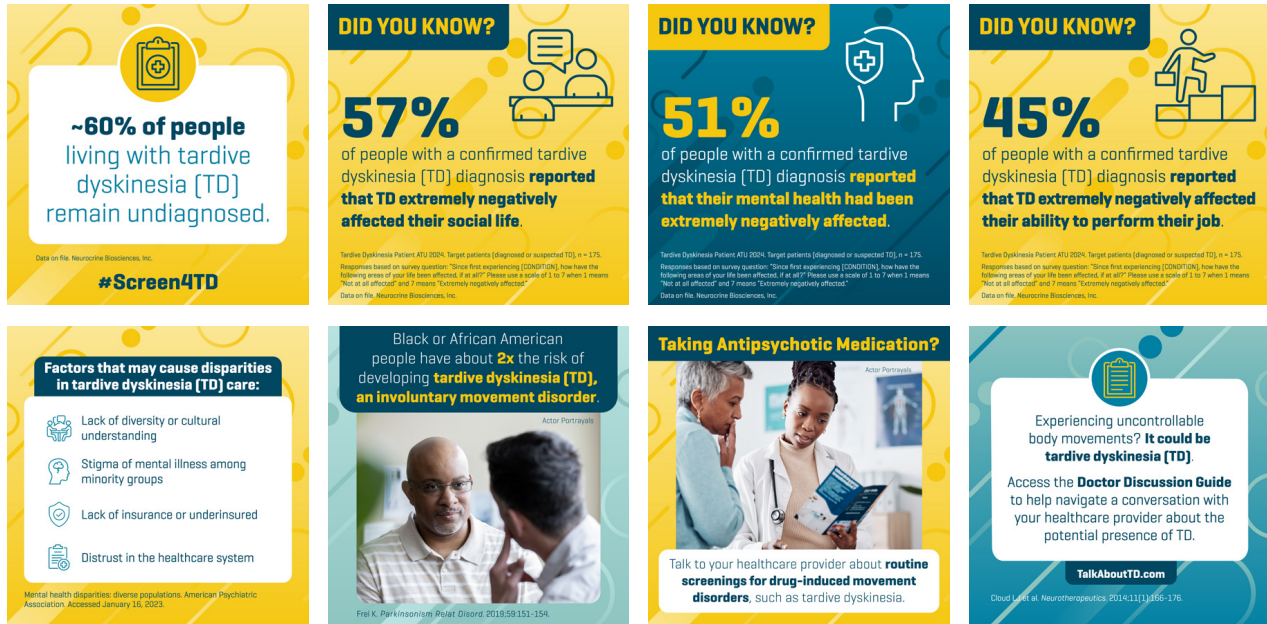
- At least 800,000 people in the U.S. are living with tardive dyskinesia [TD], an involuntary, drug-induced movement disorder [DIMD], yet ~60% remain undiagnosed. Visit TalkAboutTD.com to learn what TD may look like and tips for routine screenings for DIMDs. #Screen4TD
- People living with tardive dyskinesia [TD], an involuntary movement disorder, may face physical, social and emotional challenges due to uncontrollable movements of the face, torso, limbs, fingers or toes. Learn about reducing the stigma associated with TD: TalkAboutTD.com
- Having a support system can help with the negative physical, social and emotional impacts associated with the uncontrollable movements of tardive dyskinesia [TD]. Join the conversation and decrease the stigma: TalkAboutTD.com.

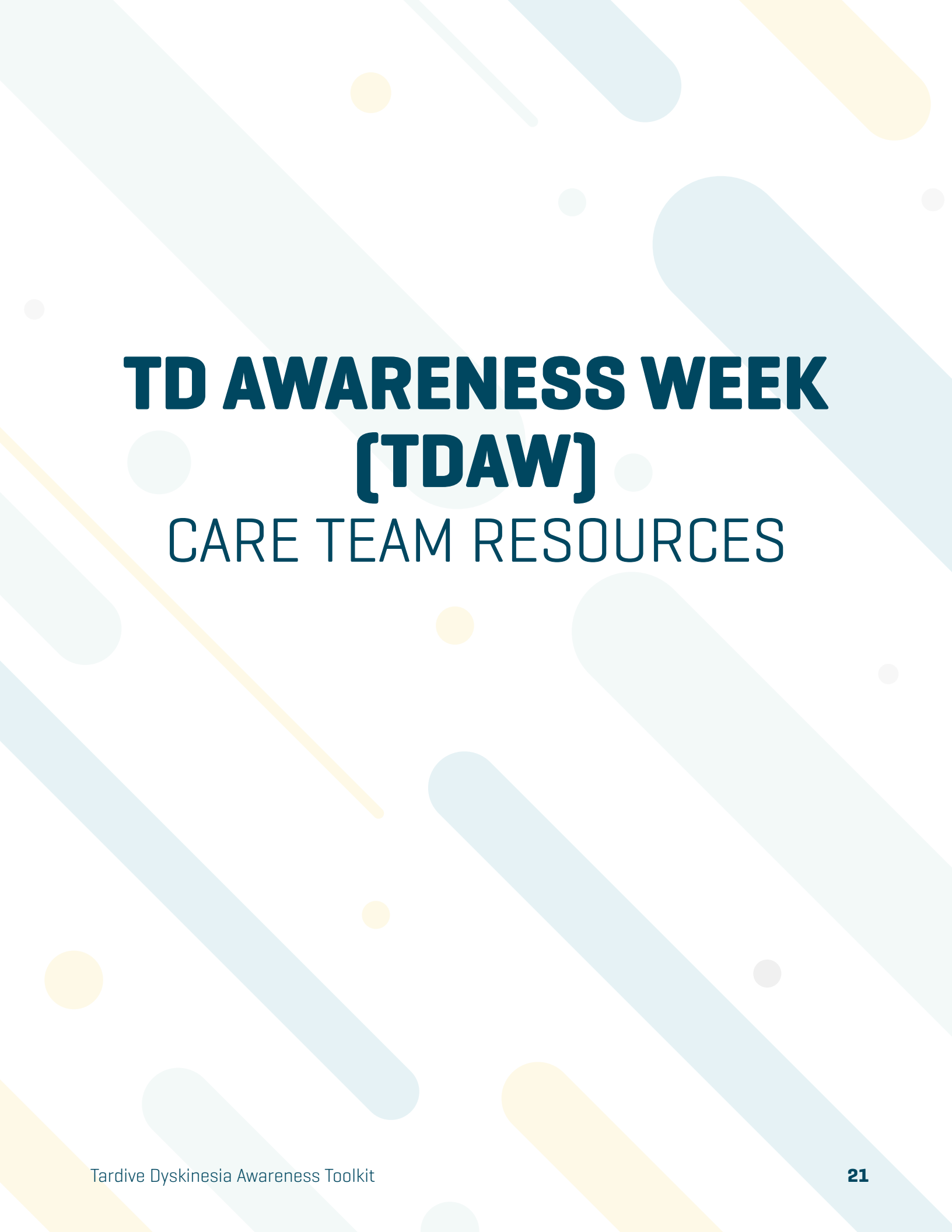
Routine Screening for TD [#Screen4TD]

- ~60% of people living with tardive dyskinesia [TD] remain undiagnosed. Routine screenings are essential for earlier detection, diagnosis and management of TD. Learn more at TalkAboutTD.com. #Screen4TD
- One in 20 U.S. adults experience serious mental illness each year. Those who have taken antipsychotic medication should be monitored for movement disorders, such as tardive dyskinesia [TD] to lead to earlier recognition and treatment of TD. #Screen4TD
- To proactively detect and diagnose drug-induced movement disorders, such as tardive dyskinesia [TD], people taking antipsychotic medication should talk to a healthcare provider about routine screenings. Access a doctor discussion guide at bit.ly/48pzRSr. #Screen4TD
- Have you taken antipsychotic medication and experienced involuntary movements? Talk with your provider about getting screened for drug-induced movement disorders, including tardive dyskinesia [TD]. Download a doctor discussion guide at bit.ly/48pzRSr. #Screen4TD

Social Media Graphics: Year-Round TD Awareness

Download these graphics to incorporate into your social media posts, cover images, or existing messaging to help spread awareness about TD year-round.





TD AWARENESS WEEK **[TDAW]**

CARE TEAM RESOURCES

TDAW Backgrounder: Care Team

Download this resource to provide care teams with information about the prevalence and impact of TD and the significance of TDAW.

Tardive Dyskinesia Awareness Week

May 4-10, 2025

Tardive dyskinesia (TD) is estimated to affect at least 800,000 adults in the United States.^{1,2} Of those living with TD, approximately 60% remain undiagnosed.²

- TD is an involuntary movement disorder associated with the use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.^{3,4}
- Certain prescription medicines (metoclopramide and prochlorperazine) used to treat gastrointestinal disorders may also cause TD.^{5,6}
- TD is characterized by uncontrollable movements of the face, torso, limbs and fingers or toes.^{1,4,7,8}

TD is a chronic condition that is unlikely to improve without treatment.^{1,4} The uncontrollable movements of TD may include^{3,7,8}:



Lip smacking, puckering or pursing



Tongue darting or protrusion



Excessive blinking



Jaw chewing, clenching or side-to-side movements



Twisting or dancing fingers and toes

The abnormal, involuntary and repetitive movements of TD can negatively impact people physically, socially and emotionally.⁹ People living with TD may also feel judged and ashamed, adding to a sense of worry, isolation and stigma.⁹⁻¹² Even mild uncontrollable body movements from TD could have emotional and social consequences.⁹

Routine screenings help improve earlier recognition and diagnosis of TD.

People who have taken antipsychotic medication should be monitored by a healthcare provider for drug-induced movement disorders, such as TD.

Routine screenings for abnormal, involuntary and repetitive movements in people taking antipsychotic medication can lead to earlier detection, diagnosis and appropriate management of TD. The American Psychiatric Association 2020 clinical guidelines for the treatment of schizophrenia recommend **screening for TD at least every six months in high-risk patients and at least every 12 months for others** at risk of developing TD.¹³

In an effort to raise awareness of TD, states are being asked to declare May 4-10, 2025 as TD Awareness Week.

1 in 5

U.S. adults live with a mental illness.¹⁴

May is also Mental Health Awareness Month, and as we work to eliminate stigma associated with TD and increase routine screenings for TD, it is important to remember that those living with a mental health condition and taking necessary antipsychotic medication may develop or may already have TD.^{3,4}

Over the past seven years, all **50 states, Washington, D.C., and multiple mental health advocacy organizations** have continued to recognize the first full week of May as TD Awareness Week.

Learn more about TD, living with TD and how to treat TD by visiting **TalkAboutTD.com**.

REFERENCES: 1. Cloud LJ, Zuck D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s12011-013-0252-5. 2. Data on file. Neurocrine Biosciences, Inc. 3. Carroll SN, Hurford L, Liberman J, Campbell IC. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neurol Clin*. 2011;29(1):127-148. doi:10.1016/j.neucl.2010.10.002. 4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2003. 5. Kenney C, Hunter C, Davidson K, Jankovic J. Metoclopramide: an increasingly recognized cause of tardive dyskinesia. *J Clin Pharmacol*. 2008;48(3):379-394. doi:10.1177/0091270007322558. 6. Sanger GJ, Andrews PLR. A history of drug discovery for treatment of nausea and vomiting and the implications for future research. *Front Pharmacol*. 2018;9:913. doi:10.3389/fphar.2018.00913. 7. Guy W. *ECDEU Assessment Manual for Psychopharmacology*. Rev. 1976. U.S. Dept. of Health, Education, and Welfare. Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. 8. Task Force on Tardive Dyskinesia. Tardive Dyskinesia Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1993. 9. Ascher-Svanum H, Zhu B, Fortes D, Peng X, Kinn R, Tohen M. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. *J Clin Psychiatry*. 2008;69(10):1580-1588. doi:10.4088/jcp.69n1008. 10. Boumans CE, de Mosij KJ, Koch PA, van't Hof MA, Zeman FG. Is the social acceptability of psychiatric patients decreased by orofacial dyskinesia? *Schizophr Bull*. 1999;25(2):339-344. doi:10.1093/schbul/25.2.339. 11. Yassa R. Functional impairment in tardive dyskinesia: medical and psychosocial dimensions. *Acta Psychiatr Scand*. 1989;80(1):59-67. doi:10.1111/j.1600-0447.1989.tb01501.x. 12. Citrome L. Clinical management of tardive dyskinesia: five steps to success. *J Neurol Sci*. 2017;383:189-204. doi:10.1016/j.jns.2017.11.013. 13. Koenigs GA, Fochtmann LJ, Arora JM, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2020;177(9):868-912. doi:10.1176/appi.ajp.2020.177090. 14. Mental health by the numbers. National Alliance for Mental Illness. Updated April 2023. Accessed October 16, 2024. <https://www.nami.org/learnmore/mental-health-by-the-numbers>

TDAW
TARDIVE DYSKINESIA
AWARENESS WEEK

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State Level TDAW Backgrounder

Download this resource to educate care teams on state mental health prevalence rates and encourage recognition and support for those living with mental illness by raising awareness about TD. This backgrounder is available for each state and Washington, D.C.

Tardive Dyskinesia Awareness Week

May 4-10, 2025

Tardive dyskinesia (TD) is estimated to affect at least 800,000 adults in the United States.^{1,2} Of those living with TD, approximately 60% remain undiagnosed.²

- TD is an involuntary movement disorder associated with the use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses such as bipolar disorder, major depressive disorder, schizophrenia and schizoaffective disorder.^{3,4}
- Certain prescription medicines [metoclopramide and prochlorperazine] used to treat gastrointestinal disorders may also cause TD.^{5,6}
- TD is characterized by uncontrollable movements of the face, torso, limbs and fingers or toes.^{1,4,7,8}

TD is a chronic condition that is unlikely to improve without treatment.^{1,4} The uncontrollable movements of TD may include^{3,7,8}:



Lip smacking, puckering or pursing



Tongue darting or protrusion



Excessive blinking



Jaw chewing, clenching or side-to-side movements



Twisting or dancing fingers and toes

The abnormal, involuntary and repetitive movements of TD can negatively impact people physically, socially and emotionally.⁹ People living with TD may also feel judged and ashamed, adding to a sense of worry, isolation and stigma.⁸⁻¹² Even mild uncontrollable body movements from TD could have emotional and social consequences.⁹

Routine screenings help improve earlier recognition and diagnosis of TD.

People who have taken antipsychotic medication should be monitored by a healthcare provider for drug-induced movement disorders, such as TD.

Routine screenings for abnormal, involuntary and repetitive movements in people taking antipsychotic medication can lead to earlier detection, diagnosis and appropriate management of TD. The American Psychiatric Association 2020 clinical guidelines for the treatment of schizophrenia recommend **screening for TD at least every six months in high-risk patients and at least every 12 months for others** at risk of developing TD.¹³

In an effort to raise awareness of TD, states are being asked to declare May 4-10, 2025 as TD Awareness Week.

In Alabama, **931,000** people, or **24%** of adults in the state, live with a mental illness.¹⁴

May is also Mental Health Awareness Month, and as we work to eliminate stigma associated with TD and increase routine screenings for TD, it is important to remember that those living with a mental health condition and taking necessary antipsychotic medication may develop or may already have TD.^{3,4}

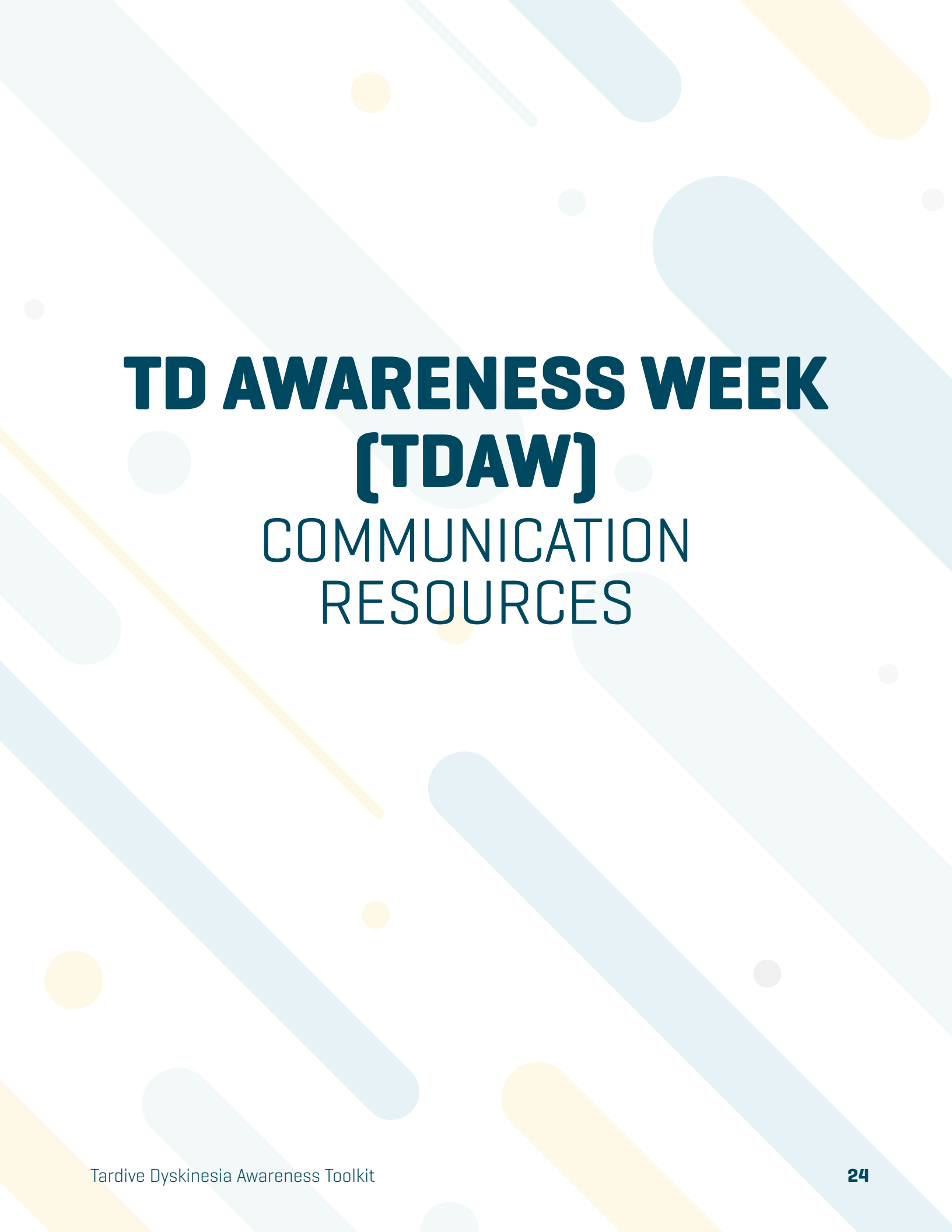
Over the past seven years, all **50 states, Washington, D.C., and multiple mental health advocacy organizations** have continued to recognize the first full week of May as TD Awareness Week.

Learn more about TD, living with TD and how to treat TD by visiting **TalkAboutTD.com**.

REFERENCES: 1. Cloud LJ, Zuckoff D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0220-5. 2. Data on file. Neurocrine Biosciences, Inc. 3. Carroll GN, Hyland J, Lybrand J, Campbell EC. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neuro Clin*. 2011;29(1):177-198. doi:10.1016/j.neuroclin.2010.10.005. 4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2000. 5. Kenney C, Hunter C, Davidson A, Jankovic J. Metoclopramide, an increasingly recognized cause of tardive dyskinesia. *J Clin Pharmacol*. 2008;48(1):179-184. doi:10.1177/0895270307302554. 6. Sanger GJ, Andrews R-P. A history of drug discovery for treatment of nausea and vomiting and the implications for future research. *Front Pharmacol*. 2018;9:13. doi:10.3389/fphar.2018.00913. 7. Guy W. *ECDEU Assessment Manual for Psychopharmacology*. Rev. 1976. U.S. Dept. of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. 8. Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. 9. Ascher-Svanum H, Zhu B, Faries D, Peng X, Kiron BJ, Tahan M. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. *J Clin Psychiatry*. 2008;69(10):1546-1558. doi:10.4088/jcp.08m10070. 10. Bismarck CE, de Waal J, Kooch P, van't Hof AH, Zwaan PG. Is the social acceptability of psychiatric patients decreased by orofacial dyskinesia? *Schizophrenia Bull*. 1994;20(2):339-344. doi:10.1093/schbul/20.2.339. 11. Nasser R. Functional impairment in tardive dyskinesia: medical and psychosocial dimensions. *Acta Psychiatr Scand*. 1989;80(1):67-67. doi:10.1111/j.1600-0447.1989.tb01301.x. 12. Chouinard J. Clinical management of tardive dyskinesia: five steps to success. *J Neuro Sci*. 2017;363:199-204. doi:10.1016/j.jns.2017.11.019. 13. Levenson GA, Frickman L, Arora A, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2020;177(9):868-872. doi:10.1176/appi.ajp.2020.177901. 14. Reinher M, Friske D, Nguyen T. The state of mental health in American 2024. Mental Health America; 2024.

TDAW
TARDIVE DYSKINESIA
AWARENESS WEEK

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TD AWARENESS WEEK

[TDAW]

COMMUNICATION RESOURCES

Email: TDAW

Click [here](#) to view an Outlook Template (OFT) that your organization can customize and share with internal and external distribution lists during TDAW.

May 4-10, 2025 marks the 8th annual Tardive Dyskinesia (TD) Awareness Week, a week dedicated to elevating discussions on TD to reduce stigma and empower those impacted by the condition.

Tardive dyskinesia (TD) is an involuntary movement disorder that is characterized by uncontrollable movements of the face, torso, limbs, and fingers or toes.¹⁻⁴

[Click here to download a TD Fact Sheet](#)

TD is associated with use of antipsychotic medication that may be necessary to treat individuals living with mental illnesses such as bipolar disorder, major depressive disorder, schizophrenia, and schizoaffective disorder.^{3,5}

[Click here to learn about risk factors for TD](#)

There are at least **800,000** people in the United States living with TD

AND

approximately **60 percent** of them have not yet been diagnosed.⁶

Proactive recognition and treatment of TD can make a positive impact for many people who are already managing mental illness, including their loved ones or care partners.

To learn more, visit [MIND-TD.com](#)

A compendium of educational resources for all clinical team members to facilitate identification of TD and its differentiation from other movement disorders.

Resources include [clinician-led podcasts](#), [videos](#), and [presentations](#) alongside [tools for use in clinical practice](#) and [real-world patient case videos](#).

REFERENCES: **1.** Task Force on Tardive Dyskinesia. Tardive dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. **2.** Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5 **3.** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2023. **4.** Guy W. *ECDEU Assessment Manual for Psychopharmacology*. Rev. 1976. U.S. Dept. of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health, Psychopharmacology Research Branch, Division of Extramural Research Programs; 1976. **5.** Caroff SN, Hurford I, Lybrand J, Campbell EC. Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neurol Clin*. 2011;29(1):127-148. doi:10.1016/j.ncl.2010.10.002. **6.** Data on file. Neurocrine Biosciences, Inc.

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Social Media Copy: TDAW

Throughout the week, we'll be publishing content on our Neurocrine social media channels: X, Facebook and LinkedIn. We will also be interacting with content shared from this toolkit. Please tag us and use **#TDAwarenessWeek** and **#Screen4TD** in your posts. The social copy below can be downloaded [here](#).

About TD

- This #TDAwarenessWeek, groups across the U.S. are uniting for the 8th year to raise awareness about tardive dyskinesia [TD], a disorder characterized by involuntary movements of the face, torso, limbs and fingers or toes. Learn more about TD at: TalkAboutTD.com.
- Tardive dyskinesia [TD] is characterized by abnormal, involuntary and repetitive movements that can affect a person's physical, social and emotional well-being. This #TDAwarenessWeek, commit to learning more about TD to reduce the stigma at TalkAboutTD.com.
- Have you or a loved one been diagnosed with tardive dyskinesia [TD]? People living with TD may feel judged, ashamed, isolated and/or stigmatized, so it's important to have a support network in place. Resources are available at bit.ly/48pzRSr. #TDAwarenessWeek
- What happens after a tardive dyskinesia [TD] diagnosis? Fortunately, there are options to manage TD, an involuntary movement disorder, with FDA-approved treatments. This #TDAwarenessWeek, access resources for you or a loved one: bit.ly/48pzRSr.

Routine Screening for TD (#Screen4TD)

- The first full week of #MentalHealthAwarenessMonth is #TDAwarenessWeek. Tardive dyskinesia [TD] is an involuntary movement disorder associated with the use of antipsychotics. Early recognition and treatment can make a positive impact. Learn more: TalkAboutTD.com #Screen4TD
- Join us as we spread awareness of the importance of routine screenings for tardive dyskinesia [TD], an involuntary movement disorder affecting at least 800,000 U.S. adults. Together we can make a difference for those living with TD. More: TalkAboutTD.com #TDAwarenessWeek
- The involuntary movement disorder, tardive dyskinesia [TD], can present differently from person to person. Talk with a healthcare provider about routine screenings to identify TD at TalkAboutTD.com. #TDAwarenessWeek #Screen4TD
- Routine screenings can improve earlier recognition of drug-induced movement disorders, such as tardive dyskinesia [TD]. While at least 800,000 adults in the U.S. live with TD, ~60% remain undiagnosed. Visit TalkAboutTD.com for information on screening for TD. #TDAwarenessWeek #Screen4TD
- Tardive dyskinesia [TD] is associated with the use of antipsychotic medication or some prescription medicines for gastrointestinal disorders. Routine screening for drug-induced movement disorders like TD can help improve recognition. TalkAboutTD.com #TDAwarenessWeek #Screen4TD
- When taking antipsychotic medication, routine screenings for drug-induced movement disorders [DIMDs], such as tardive dyskinesia [TD], are key for early detection and management. For tips to discuss routine screenings, visit TalkAboutTD.com. #TDAwarenessWeek #Screen4TD

Social Media Graphics: TDAW

Download these graphics to incorporate into your social media posts, cover images, or existing messaging to help spread awareness during TDAW.



Handouts: TDAW

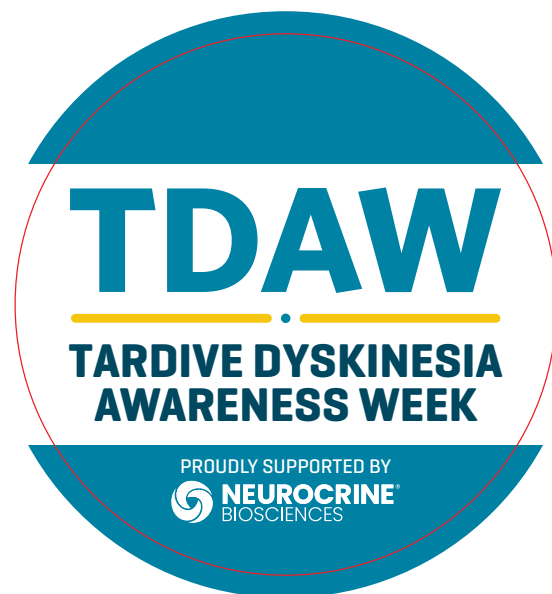
This TDAW sticker, postcard, and tent card can be placed in waiting and communal areas, as well as appointment rooms, to raise awareness during TDAW. Contact your Neurocrine Corporate Account Manager to request copies of these materials.



Tent Card



Postcard



Sticker

OTHER AWARENESS AND APPRECIATION WEEKS

COMMUNICATION RESOURCES

Email: Mental Health Awareness Month

Click [here](#) to view an Outlook Template (OFT) that your organization can customize and share with internal and external distribution lists during **Mental Health Awareness Month**.

MENTAL HEALTH AWARENESS MONTH


MAY 2025

May marks **Mental Health Awareness Month**, a pivotal time to highlight the challenges faced by millions of Americans living with mental health conditions.

Since 1949, Mental Health Awareness Month has played a crucial role in fostering understanding, promoting support, and reducing the stigma surrounding mental health.

1 in 5


U.S. adults experience mental illness each year¹



1 in 20

U.S. adults experience a serious mental illness (SMI) each year¹

SMIs are a group of debilitating conditions that include schizophrenia, acute mania, bipolar disorder, major depressive disorder, delusional disorder, severe agitation, borderline personality disorder, Tourette syndrome, dementia, and substance-induced psychotic disorder.²



Antipsychotic medication (AP) is the main treatment option for managing SMIs, both in the acute phase of illness and for longer-term management.³ APs are effective in controlling SMI symptoms, but their prolonged use can lead to a movement disorder called **tardive dyskinesia** (TD).³

There are at least **800,000** people in the United States living with TD


AND

approximately **60 percent** of them have not yet been diagnosed.⁴

As we observe **Mental Health Awareness Month**, it is important to include TD in conversations because of the physical, social, and emotional consequences this disorder can have on people already living with mental health issues.⁵

[Click here to download a TD Fact Sheet](#)

REFERENCES: **1.** Mental health by the numbers. National Alliance on Mental Illness. Updated April 2023. Accessed February 16, 2025. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/> **2.** Chokhawala K, Stevens L. Antipsychotic Medications. In: StatPearls. Treasure Island (FL): StatPearls Publishing; February 26, 2023. **3.** Howe J, Lindsey L. The role of pharmacists in supporting service users to optimise antipsychotic medication. *Int J Clin Pharm*. 2023;45(5):1293-1298. doi: 10.1007/s11096-023-01630-9 **4.** Data on file. Neurocrine Biosciences, Inc. **5.** Ascher-Svanum H, et al. Tardive dyskinesia and the 3-year course of schizophrenia: Results from a large, prospective, naturalistic study. *J Clin Psych*. 2008;69(10):1580-1588. doi:10.4088/jcp.v69n1008



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Social Media Copy and Graphics: Mental Health Awareness Month

Below are suggested template posts for your preferred social channel that can be tailored as appropriate and used during **Mental Health Awareness Month**. High-resolution social graphics sized for Facebook, X, Instagram, and LinkedIn are also provided. The social copy and graphics can be downloaded [here](#).

Social Media Copy:

- May is Mental Health Awareness Month. 1 in 5 U.S. adults experience mental illness each year, but only half get the treatment they need. Let's reduce the stigma and encourage everyone to seek help. #MentalHealthAwareness #EndTheStigma
- May is Mental Health Awareness Month. Let's include tardive dyskinesia [TD] in the conversation. TD, an involuntary movement disorder linked to antipsychotic meds, affects 800,000 people in the U.S. and many remain undiagnosed. Early detection is key! Learn more at MIND-TD.com. #MentalHealthAwareness #Screen4TD
- Mental Health Awareness Month: Tardive Dyskinesia [TD] impacts people with mental health conditions, caused by long-term meds. Early screenings for TD may improve care & outcomes. Let's raise awareness! More info: MIND-TD.com #MentalHealthAwareness #Screen4TD
- During Mental Health Awareness Month, let's talk about Tardive Dyskinesia [TD]—an involuntary movement disorder caused by long-term antipsychotic meds. Early detection through routine screenings may improve outcomes for those affected. Learn more at MIND-TD.com. #MentalHealthAwareness #Screen4TD

Social Media Graphics:



Social Media Copy and Graphics: Other Awareness and Appreciation Weeks

Below are suggested template posts for your preferred social channel that can be tailored as appropriate and used during **Mental Illness Awareness Week** [October 5–11, 2025] or specific **Care Team Appreciation Weeks** throughout the year. High-resolution social graphics sized for Facebook, X, Instagram, and LinkedIn are also provided. The social copy and graphics can be downloaded [here](#).



Mental Illness Awareness Week [October 5–11]

This Mental Illness Awareness Week, let's include tardive dyskinesia (TD) in the conversation. TD, an involuntary movement disorder linked to antipsychotic meds, affects 800,000 people in the U.S., many undiagnosed. Early detection is key! Learn more at MIND-TD.com. #MentalIllnessAwarenessWeek #Screen4TD

Care Team Appreciation Weeks

May '25



Nurses Week [May 6–12]

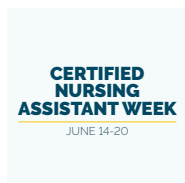
This #NursesWeek, let's recognize the critical role nurses play in the screening and identification of tardive dyskinesia (TD). Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, nurses, for your dedication and commitment to patient well-being! #ThankYouNurses #Screen4TD



Skilled Nursing Week [May 10–16]

This #NSNCW, let's recognize the critical role skilled nurses play in the screening and identification of tardive dyskinesia (TD). Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, skilled nurses, for your dedication and commitment to patient well-being! #ThankYouSkilledNurses #Screen4TD

June '25



Certified Nursing Assistant Week [June 14–20]

This #CNAWeek, let's recognize the critical role certified nursing assistants play in the early screening and identification of tardive dyskinesia (TD). Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, CNAs, for your dedication and commitment to patient well-being! #ThankYouCNAs #Screen4TD

Social Media Copy and Graphics: Other Awareness and Appreciation Weeks

Care Team Appreciation Weeks [cont.]

October '25

PHYSICIAN ASSISTANT WEEK OCTOBER 6-12

Physician Assistant Week [October 6-12]

This #PAWeek let's recognize the critical role physician assistants play in diagnosing, screening, and managing Tardive Dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, PAs, for your dedication to care! #ThankYouPAs #Screen4TD

ADVANCED PRACTICE PROVIDER WEEK OCTOBER 12-18

Advanced Practice Provider Week [October 12-18]

This #APPWeek, let's recognize the critical role advanced practice providers play in diagnosing, screening, and managing Tardive Dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, APPs, for your dedication to care! #ThankYouAPPs #Screen4TD

OCCUPATIONAL THERAPY WEEK OCTOBER 19-25

Occupational Therapy Week [October 19-25]

This #OTWeek, let's recognize the role occupational therapists play in the early identification of tardive dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, OTs, for your dedication and commitment to patient well-being! #ThankYouOTs #Screen4TD

PHARMACIST WEEK OCTOBER 19-25

Pharmacist Week [October 19-25]

This #PharmacyWeek, let's recognize the role pharmacists play in the early identification of tardive dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, pharmacists, for your dedication and commitment to patient well-being! #ThankYouPharmacists #Screen4TD

MEDICAL ASSISTANT WEEK OCTOBER 20-24

Medical Assistant Week [October 20-24]

This #MAWeek, let's recognize the critical role medical assistants play in the early screening and identification of tardive dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, MAs, for your dedication and commitment to patient well-being! #ThankYouMAs #Screen4TD

November '25

NURSE PRACTITIONER WEEK NOVEMBER 9-15

Nurse Practitioner Week [November 9-15]

This #NPWeek, let's recognize the critical role nurse practitioners play in diagnosing, screening, and managing Tardive Dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, NPs, for your dedication and commitment to patient well-being! #ThankYouNPs #Screen4TD

March '26

SOCIAL WORKER WEEK MARCH 2-8

Social Worker Week [March 2-8]

This #SWAW, let's recognize the role social workers play in the early identification of tardive dyskinesia [TD]. Affecting 800,000 people in the U.S., TD often goes undiagnosed—but early detection makes all the difference. Thank you, Social Workers, for your dedication and commitment to patient well-being! #ThankYouSWs #Screen4TD

