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<https://reachmd.com/programs/cme/shared-decisions-real-patients-patient-centered-td-and-antipsychotic-strategies/56648/>

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Shared Decisions, Real Patients: Patient-Centered TD and Antipsychotic Strategies

Announcer:

Welcome to CE on ReachMD. This activity is provided by Global Learning Collaborative and is part of our MinuteCE curriculum.

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Dr. Moody:

This is CE on ReachMD, and I'm Dr. Melissa Moody. Here with me today is Dr. Tracy Hicks. Today's episode will focus on improving shared decision discussions with patients with tardive dyskinesia and their families.

Tracy, what is your approach for shared decision conversations? How do you obtain their preferences and needs regarding treatment?

Dr. Hicks:

This is something that I really love, my favorite part of treatment, the shared decision-making. For me, shared decision-making starts with listening, remaining curious, asking what bothers the patient most—that open-ended question. Is it the movement itself? Is it the stigma or the fear of medication changes?

I walk through options in a way that's clear and nonthreatening, explaining benefits, tradeoffs, and what to expect. And I check for understanding, which is so important, because when patients feel seen and informed, adherence and outcomes improve. And of course, we can't forget about that team approach, including the care partners as indicated or with permission from the patient.

Dr. Moody:

Those are wonderful points, Tracy. When I think about shared decision-making, I think about the idea that patients really come to us with some really personal things, right? That they have to feel safe, and they have to feel heard, and they have to feel that they're going to be validated in the concerns that they have. So listening with action, listening intently, making sure we're validating those patients for the feelings that they have and the concerns that they have.

Tardive dyskinesia can be a really difficult thing to live with. And when patients struggle with tardive dyskinesia, if we just stick to asking questions about the surface movement, they often probably feel like their feelings aren't validated on how that TD impacts their everyday life and the things that they can get out there and do. So it's really important that when we're taking history that we dive into that, take a little bit more about, how does this affect you every day, what's it taken away from you?

And then make sure patients understand that the process of treating that tardive dyskinesia is a process in which we're going to do together, that we're going to talk about what medication may be best for them, how it's going to play into their life, into their health, into their medication regimen, so that they feel like they're empowered to get the help that they really need.

Dr. Hicks:

I agree completely, Melissa. We have to be in tune with what the patients want, not what we want or what we're comfortable with.

This is where alignment matters between TD treatment and psychiatric stability. We're not just adding a medication, we're adjusting a system, how they live every day, and that requires ongoing dialogue, flexibility, and trust. When we center the patient's priorities, we make better decisions clinically and relationally.

Dr. Moody:

Great. This has been a great bite-sized discussion. Thanks for joining us, and we'll see you next time.

Announcer:

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