<table>
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<th>Early-Onset EPS</th>
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| **Acute dystonia** | Hours to days | Prolonged contraction of muscle groups, usually of the head or neck  
Potential swallowing or breathing difficulties | Parenteral anticholinergics, such as benztropine (Cogentin) and diphenhydramine (Benadryl) |
| **Akathisia** | Weeks to months | Motor restlessness, such as pacing and inability to sit still | Antipsychotic dose reduction  
Switch to an antipsychotic with lower EPS liability  
Beta-blockers, such as propranolol (Inderal) |
| **Pseudoparkinsonism** | Weeks to months | Mask-like facies, tremor, pill rolling hand motion, cogwheel rigidity, and shuffling gait | Antipsychotic dose reduction  
Switch to an antipsychotic with lower EPS liability  
Oral anticholinergics, such as benztropine (Cogentin), trihexyphenidyl (Artane), and diphenhydramine (Benadryl)  
Amantadine (Symmetrel) |
| Late-Onset EPS |  |  |
| **Tardive dyskinesia** | Months to years | Rhythmic, involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puckering of mouth, chewing movements) | Prevention is critical  
Consider antipsychotic discontinuation  
Consider switching from a first-generation antipsychotic to a second-generation antipsychotic (e.g., quetiapine or clozapine), if applicable |