

Clinical Assessment

*“Because akathisia is primarily an internal sensation, which may not present with any externally visible manifestation, the clinician must be certain to question the patient before ruling out its presence.”**

Assessment by Perminder Sachdev, MD, PhD

*“There is no consensus regarding which movements, if any, are characteristic of akathisia. In our study, the features that best discriminated akathisia from non-akathisia were: i) shifting weight from foot to foot, or walking on the spot, ii) inability to keep legs still (subjectively), iii) feelings of inner restlessness, and iv) shifting of body position in the chair. However, these features are not present in every patient, and in the milder cases, only the subjective report may be present, at least on a brief examination, and only prolonged observation will reveal any motor disorder. Voluntary movements and effortful tasks tend to reduce the movements of akathisia. Except for the most severe cases, patients are able to voluntarily suppress the movements for short periods. Tremor of the extremities is not uncommonly associated, and this may be regarded as the co-occurrence of drug-induced parkinsonism. Another feature of the movements is their marked variability over time, and their usual disappearance during sleep.”**

Akathisia and Parkinsonism

In one study, 59% of people with drug-induced akathisia had comorbid drug-induced parkinsonism* and another study indicated that 68% of people with idiopathic Parkinson’s also experience akathisia at some point during the course of their disease.* Therefore, assessing for parkinsonism could aid in diagnosing akathisia.

Akathisia is a Suicide-Prevention Emergency

Kathleen: *“I pace all day and night in sheer terror. Everyone thinks I’m making this up. They think I don’t want to get better. The doctor didn’t believe me and wouldn’t read anything about akathisia.”*

Support Group Member: *“I’m very sad to say that we lost Kathleen today. She was fighting so hard, but no one believed her, just like the rest of us. **How many more will have to die this way before something is done about it!?”***

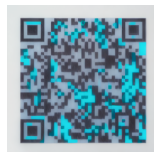
Kathleen recorded this video shortly before her death in 2021:



Marly, Mark, Ed, Mona, Sarah, Laurie, Karen, and Lisa also lost their battle with akathisia in 2021.

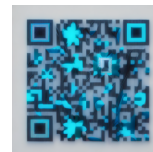
For more information, please visit akathisiaalliance.org or email info@akathisiaalliance.org

For research inquiries, email research@akathisiaalliance.org



Website
“For
Clinicians”

“Recognizing
Akathisia”
video



*** Full citations are available upon request to: info@akathisiaalliance.org**

Akathisia

a dangerous, missed diagnosis

from the Akathisia Alliance
for Education and Research

*“Akathisia is commonly overlooked or misdiagnosed by clinicians” (Salem, et al., 2017).**



*“Failure to correctly identify akathisia can have catastrophic implications since it has been linked to the emergence of suicidal ideation, aggression, and violence” (Salem, et al., 2017).**



At least 100 members of one akathisia support group have died by suicide since 2018, many of whom had not found a doctor who was willing to diagnose it.

What is Akathisia?

Akathisia is an extremely distressing neurological disorder that most commonly causes severe agitation, an inability to remain still, and an overwhelming sense of terror. It primarily occurs as a medication side effect or withdrawal syndrome. Dopamine-depleting medications are the most frequent offenders, e.g., antipsychotics, antidepressants, and antiemetics. It is also common in benzodiazepine and opioid withdrawal.

*“There are two sides to akathisia. One is outer restlessness that you can observe, but the other, much more dangerous one, is an extraordinary state of terror inside a person” (Glenmullen, 2006).**

Signs and Symptoms

The signs and symptoms most often associated with akathisia include:

- intense and constant physical restlessness (e.g., pacing, rocking, fidgeting)
- an overwhelming sense of terror (organic or “chemical”)
- severe agitation
- suicidal impulses
- violent impulses
- nonsuicidal self-harm
- pressured speech
- vocal tics
- agoraphobia
- monophobia
- sensitivity to light and sound
- insomnia
- depersonalization-derealization
- neurosensory symptoms (e.g., “electrical zaps,” buzzing, burning, etc.)

Misdiagnosis

Akathisia is often incorrectly ruled out for the following reasons:

✗ No visible movement abnormalities

“Akathisia is usually grouped with movement disorders. Yet, it can present as a purely subjective clinical complaint without overt movement abnormalities” (Lohr, et al., 2015).*

✗ This medication “does not cause akathisia.”

Because akathisia remains largely under-diagnosed, current literature is not a reliable reference. As evidenced in support groups, akathisia can be caused by many medications, supplements, chemicals, and diseases that have not been documented to cause it.

✗ The medication is “out of your system.”

Drug-induced akathisia can persist for many years after the offending medication is discontinued (Salem, et al., 2017).*

Functional Neurological, Somatic Symptom, and Factitious Disorders

Patients with undiagnosed akathisia symptoms torturous enough to cause suicidality may easily meet the diagnostic criteria for functional neurological, somatic symptom, and factitious disorders. To clinicians who fail to recognize akathisia, they will appear to have disproportionate and persistent thoughts about the seriousness of their symptoms, have a persistently high level of anxiety about their symptoms, and spend excessive time devoted to these symptoms. They will do their own research, know the correct medical terms, be eager to have numerous tests performed, and have a history of visiting many doctors until they can obtain an acceptable diagnosis.

Akathisia and Neurology

As evidenced in support groups, akathisia is very often misdiagnosed as a functional neurological disorder (FND). This is likely because the following “rule-in” signs of FND can also be positive in akathisia and only one positive sign is required to diagnose FND.*

Suppression: “Except for the most severe cases, patients with akathisia are able to voluntarily suppress the movements at least for short periods” (Sachdev, 2004).*

Distraction: “Motor symptoms appear to be in response to sensory symptoms and decrease with distraction” (Factor, 2017).*

Variability: “Another feature of the movements is their marked variability over time” (Sachdev, 2004).*

“Whack-a-Mole” sign: According to this assessment, a diagnosis of FND can be made if “movement suppression of one body part is followed by immediate reemergence of movement in another” (Park et al., 2015).*

The whack-a-mole sign can be positive in patients with akathisia as the movements are variable, but the compulsion to move remains constant. Therefore, suppression of movement in one body part may necessitate movement of another.

Functional Gait: Gait abnormalities can be diagnosed as functional if patients who claim to require support on assessment do not fall when the support is removed (Nonnekes, 2020).* However, this may be a positive feature of akathisia, as demonstrated in the video below and reported by 24 out of 28 patients questioned.

**Akathisia
Gait Abnormality
Demonstration**

