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Pediatric Iatrogenic Movement Disorders

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Abstract

The acute development of a movement disorder is often a dramatic and frightening experience for patients and families, often requiring urgent or emergent evaluation by a neurologist. In the evaluation of these patients, one relies on the history, physical and neurologic examination to determine the etiology of the condition.

We aim to demonstrate that a thorough medication history is an incredibly critical part of this evaluation as iatrogenic movement disorders can arise from exposure not only to psychoactive medications, but from medications prescribed for a variety of non-neurologic disorders.

This comprehensive review is organized by movement disorder semiology so that the reader can more readily develop a differential diagnosis when evaluating a patient with a movement disorder.

Introduction

With the more prevalent use of psychoactive medications in children and adolescents, there has been an increase in the rate of iatrogenic movement disorders over the past two decades. While medications and procedures that modulate dopamine in various brain regions are the most common culprits in children, medications that modulate virtually any neurotransmitter system can induce a movement disorder. According to National Center for Health Statistics (NCHS) data from 2007-08, just under 10% of all children on prescription medications were on at least two medications.¹ The most common medications were bronchodilators used in children under

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