Abnormal Involuntary Movement Scale (AIMS):

A tool for assessing and monitoring patients at risk of tardive dyskinesia (TD)

Along with an initial screening and differential diagnosis, an AIMS assessment is an important step for appropriate management of TD

AIMS to assess at-risk patients

- If AIMS reveals TD symptoms, refer to **ICD-10-CM: G24.01** for TD from the **DSM-5** for further evaluation[1]

AIMS to monitor TD patients

- Tracking symptoms over time can assist in monitoring TD

Continued dialogue and AIMS are essential to understand and manage your patients' TD

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Evaluate TD severity for your patients

The AIMS assessment is composed of 12 items in 3 main categories, 10 of which require a score from 0–4.[2,3] Your score should be a reflection of your own observations during the exam.

0–4 points can be given to each area based on movement severity[3]

0 = None

1 = Minimal (may be extreme normal)

2 = Mild

3 = Moderate

4 = Severe

When providing a score, consider quality, frequency, and amplitude of each movement.[2]

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7 body areas are assessed within 3 categories of movements[3]:

- Facial and Oral
- Extremity
- Truncal

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3 global judgment questions are asked, these pertain to patient capabilities and awareness of symptoms[3]

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2 dental status-related questions evaluate dental problems due to movements[3]

Please see the AIMS form on the following page to record the severity of TD for each patient and monitor their symptoms over time.

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Abnormal Involuntary Movement Scale (AIMS)

NAME: _____   DATE: _____

PRESCRIBING PRACTITIONER: _____

INSTRUCTIONS:
Complete examination procedure (see the following page) before entering these ratings.

CODE:
- **0** None
- **1** Minimal, may be extreme normal
- **2** Mild
- **3** Moderate
- **4** Severe

MOVEMENT RATINGS: Rate highest severity observed. Do not follow the original AIMS instruction to subtract 1 point from movements seen only on activation. After completion, record results below.[2]

		RATER Date	RATER Date	RATER Date
Facial and Oral Movements	1. **Muscles of facial expression,** e.g., movements of forehead, eyebrows, periorbital area, cheeks; including frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. **Lips and perioral area,** e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. **Jaw,** e.g., biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. **Tongue** Rate only increases in movement both in and out of mouth, NOT inability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Extremity Movements	5. **Upper (arms, wrists, hands, fingers)** Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. **Lower (legs, knees, ankles, toes),** e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	7. **Neck, shoulders, hips,** e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	8. **Severity of abnormal movements**	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. **Incapacitation due to abnormal movements**	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. **Patient's awareness of abnormal movements** Rate only patient's report: **0** No awareness **1** Aware, no distress **2** Aware, mild distress **3** Aware, moderate distress **4** Aware, severe distress	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	11. **Current problems with teeth and/or dentures?**	NO YES	NO YES	NO YES
	12. **Does patient usually wear dentures?**	NO YES	NO YES	NO YES

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EXAMINATION PROCEDURE

Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., in the waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask the patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) and if there is, to remove it.

2. Ask patient about the current condition of his/her teeth. Ask if he/she wears dentures. Do teeth or dentures bother patient now?

3. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

4. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)

5. Ask patient to sit with hands hanging unsupported. If male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas.)

6. Ask patient to open mouth. (Observe the tongue at rest within mouth.) Do this twice.

7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.

8. Ask patient to tap thumb with each finger as rapidly as possible for 10–15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)

9. Flex and extend patient's left and right arms. (one at a time.)

10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)

11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)

12. Have patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

References: 1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Washington, DC; 2013. **2.** Munetz MR, Benjamin S. How to examine patients using the Abnormal Involuntary Movement Scale. *Hosp Community Psychiatry*. 1988;39:1172-1177. **3.** Guy W. *ECDEU Assessment Manual for Psychopharmacology: Revised.* Rockville, MD: US Department of Health, Education and Welfare, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration, NIMH Psychopharmacology Research Branch, Division of Extramural Research Programs, 1976:534-537. DHEW publication number ADM 76-338.