

# Extrapyramidal Symptom Scale (EPSS)<sup>©</sup>

Person's Name: \_\_\_\_\_

**WHY MONITOR?:** Schizophrenia<sup>20</sup> and the use of antipsychotics are independently associated with increased motor effects, which can contribute to non-adherence to medication, and increased morbidity and mortality<sup>4, 11, 14, 18</sup>.

**MINIMUM MONITORING FREQUENCY:** For newly initiated medication: baseline, 1, 3 and 12 months. For persons on the same medication > 1 year: q 12 months.

## A. MOTOR SIDE EFFECTS

<b>Medical History</b>		<input type="checkbox"/> No relevant motor/neurological history		<input type="checkbox"/> Motor/neurological disorders	
Details:					
<b>Family History in First Degree Relative</b>		<input type="checkbox"/> No relevant motor/neurological history		<input type="checkbox"/> Motor/neurological disorders	
Details:					
<b>Assessment Date (dd/mm/yy)</b>					
<b>Assessment Completed By:</b>					
<b>Current Antipsychotic and Side Effect Medication(s)</b>					
<b>SUBJECTIVE EXPERIENCE</b> (≤ 1 week)	<b>SCORE:</b> 0 = NONE 1 = QUESTIONABLE 2 = MILD 3 = MODERATE 4 = SEVERE				
	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
Parkinsonism					
Dyskinesia					
Akathisia					
Dystonia					
<b>PARKINSONISM</b> Score right/left sides as indicated	<b>SCORE:</b> 0 = NONE 1 = QUESTIONABLE 2 = MILD 3 = MODERATE 4 = SEVERE				
	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
Facial expression – reduced					
Hands – tremor (resting)	R	R	R	R	R
	L	L	L	L	L
Hands – tremor (with arms extended, fingers apart)	R	R	R	R	R
	L	L	L	L	L
Hands – bradykinesia	R	R	R	R	R
	L	L	L	L	L
Elbow – rigidity	R	R	R	R	R
	L	L	L	L	L
Gait – abnormality					
<b>DYSKINESIA</b> Score right/left sides as indicated	<b>SCORE:</b> 0 = NONE 1 = QUESTIONABLE 2 = MILD 3 = MODERATE 4 = SEVERE				
	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
Face and mouth – <i>with activation</i>					
Tongue – <i>with activation</i>					
Upper extremities – arms, hands	R	R	R	R	R
	L	L	L	L	L
Trunk – neck, shoulders, hips					
Lower extremities – ankles/toes	R	R	R	R	R
	L	L	L	L	L
<b>AKATHISIA</b>	<b>SCORE:</b> 0 = NONE 1 = QUESTIONABLE 2 = MILD 3 = MODERATE 4 = SEVERE				
	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
Observed motor restlessness					
<b>DYSTONIA</b>	<b>SCORE:</b> 0 = NONE 1 = QUESTIONABLE 2 = MILD 3 = MODERATE 4 = SEVERE				
	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
Observed dystonia					
Details – name affected body part (e.g. head, extremities, trunk):					

## B. ISSUE/ACTION/OUTCOME

DATE	ISSUE	ACTION	OUTCOME

# Extrapyramidal Symptom Scale (EPSS)<sup>®</sup>

## C. EXAMINATION PROCEDURE

**ALL** “hands on” aspects of the examination should be done with passive movement of the person’s respective body part.

**SCORING PROCEDURE:** Where uncertainty exists about the severity level of a side effect (e.g. questionable v. mild), record the higher of the two scores.

**RATIONALE:** A purpose of the EPSS is to identify potentially troubling side effects, allowing for earlier intervention and treatment, as appropriate.

SUBJECTIVE EXPERIENCE	
Screen	Ask the person: “During the last week, have you...” a) noticed any shakes, muscle stiffness, or problems walking? (PARKINSONISM) b) noticed any abnormal body movements? (DYSKINESIA) c) felt restless or had the need to move even when you didn’t want to? (AKATHISIA) d) experienced any muscle spasms that lasted at least 1 minute? (DYSTONIA) If yes, explore and record the pertinent details.
<b>PARKINSONISM</b>	<i>Consists of motor disturbances, which include: tremor, impaired gait/posture, postural instability, rigidity, reduced facial expression/speech, and bradykinesia.</i>
Facial expression - reduced	Observe the person’s face for reduced facial expression, decreased blinking or parted lips.
Hands – tremor (resting)	Observe the person’s hands for a resting tremor, with the person sitting with their elbows resting on their thighs and their hands hanging over their knees.
Hands – tremor (with arms extended, fingers apart)	Observe the person’s hands for a tremor, with their palms facing down and arms fully extended with fingers apart.
Hands – bradykinesia	Ask the person to fully open and close their hands, one at a time, in rapid succession, observing for bradykinesia.
Elbow – rigidity	Flex and extend the person’s arms, one at a time, with your thumb on their bicep tendon, noting rigidity (“cog-wheel” or “lead pipe”).
Gait – abnormality	Observe the person’s gait either entering or exiting the room. Note evidence of stooped posture, shuffling gait, decreased arm swing or bradykinesia.
<b>DYSKINESIA</b>	<i>Characterized by movements that are repetitive, purposeless, and involuntary.</i>
Muscles of face and mouth – with activation	While engaging the person in an activation activity (e.g. finger tapping), observe the person’s face and mouth, noting any frowning, blinking, grimacing, puckering, repetitive opening and closing of the mouth, clenching of the jaw or lateral movements of the jaw.
Tongue – with activation	While engaging the person in an activation activity (e.g. finger tapping), with the person’s mouth open, observe for in and out or lateral movements of the tongue.
Upper extremities – arms, hands	While the person is sitting in a chair, face the patient to observe for evidence of dyskinesias of the: a) Arms and hands. Do NOT include tremor. b) Ankles and/or toes (including inversion/eversion of the foot). c) Neck, shoulders, hips (including rocking, twisting, squirming).
Trunk – neck, shoulders, hips	
Lower extremities – ankles/toes	
<b>AKATHISIA</b>	<i>Consists of subjective feelings of inner restlessness with the urge to move, and/or objective movements such as restless movement of one extremity, changing position, rocking while standing or sitting, lifting feet as if marching on the spot, and inability to sit down for long periods with pacing back and forth.</i>
Observed motor restlessness – lower limbs	The person should be observed (while seated) for a minimum of 5 minutes. A “severe” score should be reserved for persons who are unable to remain seated for the entire 5 minute time period, due to akathisia.
<b>DYSTONIA</b>	<i>Characterized by muscles which are contracted, contorted and often painful, sometimes accompanied by repetitive jerking or twisting movements, resulting in the person’s assuming abnormal postures.</i>
Observed dystonia – head, upper and lower extremities, trunk	The person’s entire head, neck, limbs and trunk should be observed while sitting or standing. The details of observed dystonias should be recorded.

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Scan to access the EPSS online.

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