Whether you’re experiencing dyskinesia as a medication side effect or as a symptom of an underlying condition, you and your doctor can work together to minimize its impact on your quality of life. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

**Vocabulary to Know**
Your doctor might mention these common terms. Here’s what they mean.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td><strong>Levodopa</strong></td>
<td>A drug used to treat the motor symptoms of Parkinson’s disease. Dyskinesia is a side effect of long term usage of levodopa. Most cases of dyskinesia seen are linked to levodopa use and are called levodopa-induced dyskinesia (LID).</td>
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<td><strong>Tardive Dyskinesia</strong></td>
<td>Also known as late-onset dyskinesia. It is caused by long-term use of antipsychotics. In tardive dyskinesia, the involuntary movements mostly affect the lips, tongue, mouth, and eyes.</td>
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<td><strong>Antipsychotics</strong></td>
<td>Drugs that are used to treat psychosis, the main symptom in mental disorders like schizophrenia. Antipsychotics are also known as neuroleptics.</td>
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<td><strong>Primary Cilia Dyskinesia (PCD)</strong></td>
<td>A rare genetic form of dyskinesia where the cilia (tiny finger-like structures in your body that “clean” the lungs, ears, and nose) don’t work very well. Primary cilia dyskinesia usually causes respiratory problems.</td>
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<tr>
<td><strong>Deep Brain Stimulation (DBS)</strong></td>
<td>A surgical procedure used to treat dyskinesia caused by Parkinson’s disease treatment. It involves putting an electrical device into the brain to reduce the symptoms of Parkinson’s disease, consequently reducing the need for medication to treat it.</td>
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<tr>
<td><strong>Dystonia</strong></td>
<td>A movement disorder that is often mistaken for dyskinesia and vice versa, as they are both commonly seen in people with Parkinson’s disease.</td>
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Questions to Ask
These questions will help you start a conversation with your doctor about how to best manage your dyskinesia.

About Symptoms
- I've discontinued/replaced levodopa, when can I expect my dyskinesia to stop?
- I've discontinued/replaced the antipsychotics I was taking, when can I expect my dyskinesia to cease?

About Causes & Risk Factors
- What is the exact cause of my dyskinesia?
- I have primary ciliary dyskinesia, and it is genetic. Does this mean my children will have it too?

About Diagnosis
- How did you determine that I have dyskinesia, and not dystonia?

About Treatment
- Should I see a movement disorder specialist?
- Should I stop taking levodopa permanently, or will my dosage simply be adjusted?
- If I have to stop taking levodopa, which alternatives will be suitable to treat my Parkinson's disease?
- Will I have to replace the antipsychotics I'm currently taking with other ones?
- Should we be considering deep brain stimulation?
- My dyskinesia doesn't bother me, do I have to treat it?

About Living With Dyskinesia
- Can stress worsen my dyskinesia?
- What stress management techniques can you recommend?
- I understand that exercises can help with managing dyskinesia. Do you recommend any in particular?
- Can I still drive safely?
- Do I need to inform my employer about my condition?