

**LETTER TO THE EDITOR****TO THE EDITOR****Clinicians Should Look for Oromandibular Dyskinesia During the Pandemic: The Mask Issue!**

**Keywords:** COVID-19, oromandibular dyskinesia, antipsychotics, mental patients, tardive dyskinesia

Recently, we have introduced an interesting but a quite rare type of oromandibular dyskinesia (OMD) induced by face masks.<sup>1</sup> A patient with this type of OMD or patients whose OMD exacerbates with masks might be encountered, in movement disorder clinics. However, a more frequent issue may come across the clinicians, especially psychiatrists and neurologists. A patient with idiopathic or tardive OMD who is unaware or untroubled by the dyskinesia is not an uncommon phenomenon. This may be more prominent in the case of a psychiatric patient with poor insight and disturbed function. During the COVID-19 pandemic, many such patients are facing problems getting standard care.<sup>2</sup>

OMD, characterized by repetitive, purposeless, involuntary movements in the oral, lingual, and buccal area, is a disabling condition that can be a complication of treatment with antipsychotics, especially first-generation antipsychotics (FGAs).<sup>3,4</sup> Therefore, another drawback of the pandemic for OMD patients is the issue of facial masks. A patient, unaware of the OMD may be easily missed during a brief psychiatric visit wearing masks.

We have noticed this limitation in our daily practice during the last 18 months since the breakthrough of COVID-19 pandemic. This problem may cause underdiagnosing OMD in the early stages before the severe disabling dystonia or dyskinesia develops. The problem of diagnostic accuracy in patients wearing facial masks during the pandemic has been shown in the diagnosis of Parkinson's disease compared to controls with a 20–30% diagnostic error.<sup>5</sup>

On the other hand, due to the physical distancing policies, many physicians, especially psychiatrists, are using telemedicine during the pandemic.<sup>6,7</sup> While this strategy in the form of video-based virtual visits may help to diagnose OMD, poor quality video communications, unavailability of the Internet and using regular phone calls, especially in developing countries, may paradoxically increase the risk of missing OMD.

In addition, both clinicians and patients tend to reduce the frequency of visits as far as possible, sometimes limiting it to emergent situations, which is another reason for lower detection of OMD at later stages. This is a critical point to acknowledge that rescheduling regular follow-up visits, either face to face or virtual, considering risks and benefits are crucial to avoid both COVID-19 infection risks and reduce underdiagnoses of treatment-related complications, especially OMD, due to inappropriate follow-up.

To conclude, all clinicians, especially those who visit patients with mental disorders such as psychiatrists and neurologists should pay special attention to patients receiving antipsychotics for detection of OMD particularly when wearing face masks.

Considering fine quality video-based virtual visits is a solution to this problem. Another approach is to remember easily asking the patient to remove the masks for a brief period while keeping social distancing and simply look for OMD.


**CONFLICT OF INTEREST**

The authors have no conflicts of interest to report.


**STATEMENT OF AUTHORSHIP**

ME, MR, and MS contributed to the conception of the manuscript. Moreover, MS, ME, and ZV drafted the manuscript. All authors reviewed, edited, and approved the final manuscript.

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