

REVIEWER'S REPORT

Manuscript No.: IJAR-53389

Date: 18-08-2025

Title: Marked Improvement of Treatment-resistant Tardive Dyskinesia with Combined NAD and Glutathione Infusions: Case Report"

Recommendation:

Accept as it isYES.....

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality			✓	
Clarity			✓	
Significance		✓		

Reviewer Name: Dr Aamina

Reviewer's Comment for Publication.

Abstract Evaluation:

The abstract is concise and well structured, clearly outlining the background, case presentation, and conclusion. It highlights the clinical challenge of treatment-resistant tardive dyskinesia (TD), the therapeutic limitations of standard VMAT-2 inhibitors, and the innovative use of NAD and glutathione infusions. The presentation of a 21-year-old patient with bipolar II disorder illustrates the clinical relevance, and the reported improvement in perioral dyskinetic movements is appropriately emphasized. The conclusion underscores the novelty of this case, positioning it as the first reported instance of this therapeutic approach.

Introduction Evaluation:

The introduction provides a comprehensive overview of TD as a hyperkinetic movement disorder, with clear emphasis on its etiology and association with dopamine receptor antagonists. The epidemiological context is well presented, noting prevalence rates between 21% and 30%, with increased vulnerability in geriatric populations. This situates the case report

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within the broader clinical significance of TD, justifying the need for exploration of alternative treatment modalities.

Case Presentation Evaluation:

The case description is thorough and clinically informative. The timeline of risperidone and lithium therapy, the development and progression of perioral and lower limb dyskinesia, and the lack of improvement with valbenazine are clearly presented. The switch to deutetrabenazine XR, combined with baclofen, trihexyphenidyl, and NAD plus glutathione infusions, provides a detailed account of therapeutic strategy. The documented improvement in perioral dyskinesia and swallowing function is clinically significant and well articulated.

Discussion and Clinical Significance:

The report highlights the therapeutic challenge of treatment-resistant TD and positions redox-targeted interventions as a promising avenue. By documenting the patient's positive response to NAD and glutathione infusions, the case contributes to the emerging discourse on oxidative stress and its role in TD pathophysiology. The novelty of the report lies in being the first documented case of marked improvement in refractory TD using this combined approach.

Conclusion Evaluation:

The conclusion effectively summarizes the clinical findings and emphasizes their significance. It underscores the potential role of NAD and glutathione infusions in treatment-resistant TD while appropriately framing the case as preliminary evidence warranting further investigation.

Overall Assessment:

This manuscript presents a compelling and well-documented case report. It provides valuable clinical insight into an innovative therapeutic strategy for refractory tardive dyskinesia, combining pharmacologic agents with NAD and glutathione infusions. The novelty of the findings, clarity of presentation, and contextualization within existing treatment limitations

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enhance its contribution to the literature on movement disorders and neuropsychiatric therapeutics.
