

**PHILIPPINES**

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Psychotropic medications are in wide use in the Philippines, particularly in the Manila and Greater Manila areas. Both general practitioners and specialists prescribe them rather liberally to hospital and clinic patients. The only recent deterrent to this trend has been the issuance of a Dangerous Drug List by the National Bureau of Investigation, in an effort to curb drug abuse. To prescribe a drug which is on the list (and most tranquilizers, all hypnotics and sedatives are on this list), a physician has to write out a prescription in triplicate. One copy goes to the drug store, a second to the patient and the third is kept by the physician. The official prescription pads are issued only by the NBI. A doctor has to apply for their purchase. This seems to be a cumbersome procedure which discourages physicians from giving them unless urgently and specifically necessary. This means that the minor tranquilizers for tensions, anxieties, and less malignant psychological disorders have dropped in usage.

Before the above requirement was imposed, one pharmaceutical firm conducted a survey of prevalence of psychoneurotic conditions for a thirty-day period through inquiry from a sample of physicians. From this survey, it was found that the number of cases of psychoneurotic conditions who consulted physicians in the 30-day period totalled 73,058 for the whole Philippines. Computed on the estimated population of the Philippines (38 million), this would mean an estimated prevalence rate of 2,392.14 per 100,000 population.

In the same survey, 30.25% of the total cases were psychosomatic disorders. The rest were a mixture of either emotional disorders, as diagnosed by the general practitioner and other non-psychiatrists. The experience of most psychiatrists who come to see these patients is that the referring doctor, sensing some underlying psychological problem, prescribes a tension-relieving drug and sends the patient on to a psychiatrist. It is not at all uncommon to have such a patient report to the psychiatrist that he has tried a variety of the minor tranquilizers.

Psychiatrists are of course the principal prescribers of psychotropic drugs. For the malignant, usually hospitalized case, the favourite seems to be still the phenothiazines, particularly Thioridazine. An anti-Parkinsonian drug (Artane or Cagentin) is given together with the Phenothiazines. Of the minor tranquilizers, Librium and Valium, with Tensinyl a close second, appear to be the most widely used. Of the anti-depressants, there seems to be no clear trend as to which is the most widely used, although Tofranil appears to have a slight edge. It seems that each psychiatrist has his individual preference as far as anti-depressants go.

Patients and their families accept the use of tranquilizers (major and minor) fairly well. Only the side effects (dizziness, dryness of mouth) are bothersome. These preparations also tend to be somewhat more expensive and resistance by the patient to using them makes the family hesitate before buying them.