

Most of the better known major tranquillisers have been tried at Woodbridge Hospital at one time or another. The following are some of the major tranquillizers that have been tried out at Woodbridge Hospital, but whose use had not been sustained. Stemetil, (prochlorperazine); Trilafon, (perphenazine); Majeptil, (thiopropazine); Veractil, (methotrilineprazine), Pacatal, (pecazine). Nontensil (acepromazine), Anatenzol, (fluphenazine).

At present the following drugs are being used on a trial basis: Triperidol (trifluoperidol), Orap (primozide), Leponex (clozapine), and Modecate, (fluphenazine decanoate), Navane (thiothixene).

Minor tranquillisers

Minor tranquillisers are not used in large quantities for the treatment of in-patients of Woodbridge Hospital except that diazepam 10 mg. o.n. is frequently prescribed for patients requiring a hypnotic. This accounts for the large quantity of diazepam consumption per month as shown in Table III below:

Table III

Drug	Consumption per month (1972)
Diazepam	22,000 (5-10 mg) tablets
Chlordiazepoxide	4,000 (5-10 mg) tablets

In the psychiatric out-patient clinics, the minor tranquillisers are used much more frequently and the main drugs are chlordiazepoxide and diazepam. Among the less commonly used minor tranquillisers are Serax (oxazepam), Ativan (lorazepam), Nobrium. Among the private psychiatrists, diazepam is the most frequently prescribed drug.

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Since the last report in 1970, psychiatric facilities in the country have been increased by the establishing of more psychiatric units in general hospitals. Table 1 shows the number of patients

Table IV

Antidepressants

Drug	Consumption per month (1972)
amitriptyline	9,000 tablets
imipramine	1,500 "
isocarboxazide	200 "
nortriptyline	100 "

The above table reflects the usage on antidepressants in Woodbridge Hospital. The first antidepressant drug introduced was Marplan (isocarboxazide) in 1960. It was superseded by imipramine in 1964 because of the possibility of serious side effects of MAOI. At present, amitriptyline is the most common antidepressant drug used in the hospital and the standard dosage is 25 mg. 3 times a day. In the private sector, the MAOI is rarely used. The 4 most common drugs used are amitriptyline, imipramine, trimipramine and nortriptyline.

Psychotropic Medication in General Practice

Although most of the better known psychotropic drugs are available in Singapore, the General Practitioners tend to rely on the more established, drugs. In a survey by TSOI and CHIA (1972), two-thirds of the doctors used Stelazine, Largactil, Stemetil, Melleril and Sparine for the treatment of Schizophrenia. 61% used tricyclic drugs and only 5% used MAOI (Marplan) for treating Depression. Most doctors used Librium and Valium for the treatment of Neurosis.

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admitted to psychiatric in-patient facilities and the number of consultations given at out-patient psychiatric clinics during the years 1954 - 71. It will be observed that there has been an increase

of 76% in admissions and 35.3% in out-patient consultations, during the 6 year period 1965 – 71. This has necessitated the use of increasing quantities of psychotropic drugs. Table 2 shows the issue of chlorpromazine and trifluoperazine – the two most commonly used drugs in government hospitals – in the years 1969–72. It will be seen that in these three years, the issue of chlorpromazine has increased by 270% and trifluoperazine by 227%.

This increase in the demand for drugs has not only been limited to psychotropic drugs. The use of drugs in the government hospitals as well as in the private sector has risen steeply in the past few years. In view of this, the Government with the aim of conserving its foreign exchange resources, has established a State Pharmaceutical Corporation, in which is vested the monopoly of the import of all drugs and the raw material for the manufacture of drugs. To achieve its objective of providing drugs at the cheapest cost, it is the avowed policy of the Pharmaceutical Corporation to limit drug identity to generic names.

This has led to a controversy in pharmaceutical and medical circles on the question of reliability of branded products versus non-branded products. The Pharmaceutical Corporation and the Pharmaceutical Manufacturers have taken extreme positions in this controversy. The medical profession, as represented by the Ceylon Medical Association, has taken an intermediate position (Editorial, 1972). It has pointed out that on account of differences in bio-availability, chemical equivalence does not assure clinical equality. It has therefore suggested a compromise solution, whereby in cases

of drugs where therapeutic non-equivalence is suspected, products from reputed manufacturers are made available to the medical profession.

Table 1

Number of patients admitted and number of out-patient consultations 1954 – 72

Year	Admissions	O-P Consultations
1954–55	2,692	18,720
1959–60	14,057	35,577
1964–65	11,527	36,126
1971–72	20,336	163,704

Table 2

Issue of Chlorpromazine and Trifluoperazine to State Hospitals during 1969 – 1972

Drug	1969–70	1970–71	1971–72
Chlorpromazine	132.5 kg.	416.7 kg.	491.9 kg.
Trifluoperazine	11.1 kg.	20.2 kg.	36.4 kg.

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TAIWAN

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As Dr. Ming-tso Tsuang presented in detail the history of psychotropic medication in Taiwan in the First Regional Seminar on Psychotropic Medication held in Djakarta three years ago, I

shall not describe this over again. This present report has been prepared with the cooperation of Dr. Min-min Tsuang who is a younger brother of Dr. Ming-tso Tsuang and is also a participant