

of so-called "neurasthenia," still prevails in Taiwan. When anxiolytics are given to lower-class patients, we may tell them that these are effective drugs for stabilizing a nervous activity. This explanation is not psychologically oriented but tries to meet with the needs of the general public in that they want to get medication rather than to receive psychotherapy. Most patients feel that neurotic symptoms cannot be cured only by talking with a psychiatrist. Mental health education may modify the public concept of the mechanism of neurotic disorders and should be promoted by the team work of mental health personnel. However, these educational programmes will need our long-term consistent efforts.

Recently, we have been testing an effect of thiothixine (Navane) as an antipsychotic drug, and also doxepine hydrochloride (Sinequan) for the treatment of anxiety and depression.

We have not carried out any systematic psychopharmacological research during the recent

years because of a shortage of staff members in our hospitals. However, we are planning to investigate effects of lithium carbonate in treatment of recurrent manic disorder or bipolar effective psychoses.

As one of the participants, in this seminar, I propose that we get together to design a workable research programme to compare the efficacy of different drugs in varied socio-cultural backgrounds. Since the sponsor of this Seminar is the Roche Far East Research Foundation, we could use one of their new drugs as a starting point to carry out this very needed international collaboration in the field of psychopharmacology. I hope that the Roche Foundation will consider this possibility and undertake this very meaningful study as a side product of this Seminar. It is my hope that this cooperative work will be carried out and reported in the next Seminar on Psychotropic Medication.

THAILAND

By PRASOP RATANAKORN

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Psychotropic drugs have gradually been brought to treat psychiatric patients in Thailand soon after the introduction of the phenothiazine chlorpromazine in 1952 and have increasingly been accepted as a method of psychiatric treatment among Thai psychiatrists. Since 1967, Thai psychiatry, introduced by the Division of Mental Health Services, has been moved to a new era, of Community Psychiatry, in order to cope with the rapidly increasing need for psychiatric services; psychotropic drugs have become a far more important method in treating psychiatric patients. They are used not only by most psychiatrists, but a fairly large number of physicians in other fields of medicine also administer them in conjunction with other medications.

The method of drug administration may vary among psychiatrists in different types of services and hospitals. One of the most preferable methods

used in psychiatric hospitals is to combine an anxiolytic drug and an anti-depressant or a neuroleptic drug and an anti-depressant or even between two kinds of neuroleptic drugs which have different effects. This is for the purposes of reducing dosage and toxicities of each drug and obtaining a better therapeutic effect.

Almost all kinds of psychotropic medication are available in Thailand. Most of them are from Western Europe and the United States. The use of long-acting phenothiazines such as fluphenazine enanthate or even fluphenazine decanoate has currently become more popular and it tends to play a more important role in the future because its long action can cut down the patients' boring routine of taking medication.

Anxiolytic drugs and anti-depressants are widely used by general practitioners and physicians in other specialities. But the outcome of the drug

treatment is not as effective as it is used by psychiatrists or psychiatrically-oriented physicians. This may be that the psychiatric diagnosis cannot be simply made by only physical examination, or psychiatric disorders cannot be treated by giving medications alone, and if the physicians are not well acquainted with indications, contra indications and side-effects of the drugs, the dosage prescribed may not be high enough to reach its therapeutic level or the drug chosen may not be in the right group. For example, some of them may use anxiolytic drugs to treat a psychotic patient, or some of them may not recognize depressive

symptoms of the patient; therefore the drugs given will have no anti-depressants included, and so on.

Most psychiatric patients in Thailand accept psychotropic medication unless they are too sick to do so. However, no matter how good the psychotropic drugs are, the know-how in giving them is still of great therapeutic value for the psychiatric patients.

Psychotropic medication both major and minor groups have also been used widely in the treatment of drug addiction.

UNITED KINGDOM

By W. LINFORD REES

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Psychotropic drugs constitute the largest single group of drugs prescribed under the National Health Service in terms of both numbers of prescriptions and cost.

In 1971, 47.8 million prescriptions for psychotropic drugs were dispensed under the National Health Service in hospitals in England. General Practitioners issued prescriptions for 3,000 million tablets or capsules i.e. about 60 million a week. During the decade up to 1971 there was a 48.8% increase in prescribing for psychotropic drugs.

In 1971 prescribing for psychotropic drugs was subdivided as follows:

M ₂	
Hypnotics	41%
Tranquillisers	38%
Antidepressants	5%
Stimulants and appetite suppressants	6%

During the preceding quinquennium 1965-1970 the trends were:

M ₂	
Barbiturate hypnotics — decrease of	32%
Stimulants and anorectics — decrease of	43%
Non barbiturate hypnotics — increase of	166%
Tranquillisers — increase of	70%

Antidepressants — increase of 103%
The increase in prescriptions for all psychotropic drugs during this period totalled 8.1 million. In a survey of general practice prescribing over a period of one year, it was found that one in eight patients were prescribed psychotropic drugs. Twice as many women as men were prescribed psychotropic drugs and in both sexes, the number prescribed increased with age.

FACTORS INFLUENCING PSYCHOTROPIC DRUG PRESCRIBING AND PATIENT ACCEPTANCE OF DRUGS

1. The Doctor

- The most important factor is the introduction during the past two decades of efficacious drugs for treating depressive illnesses schizophrenia, anxiety states and other psychiatric disorders.
- Choice of a particular psychotropic drug by the doctor will depend on his personal experience with the drug, recommendations from consultants, fashion trends in prescribing and sales promotion.

2. The Patient

- Sanction and approval of certain