

THE PATTERN OF PSYCHOTROPIC DRUG USAGE IN A GENERAL OUT-PATIENT CLINIC

O.H. YEOH

INTRODUCTION

PSYCHOTROPIC drugs have become important in the management of emotional and psychiatric disorders since their introduction in the mid - 1950s. This group of drugs, conveniently described as psychotropics have expanded over the years and fall into 5 main groups, the sedative - hypnotics, antidepressants, stimulants, antipsychotics and antianxiety or anxiolytics. (The terms antipsychotics and antianxiety have replaced the older terms of major and minor tranquillisers respectively).

Psychotropic drugs are mostly prescribed by non-psychiatrists as shown in cross-national studies by Hollister (1977) and Balter and Levine (1969). Even for the antidepressants and antipsychotics, used primarily for mental disorders psychiatrists and neurologists account for only one third of prescriptions written in the United States in the study by Parry *et al.* (1973). From this same study 85% of a patient survey responded that they had never visited a psychiatrist though they had used a psychotropic drug in the preceding year.

The use of psychotropic drugs can be high in some countries as was shown by Parry *et al.* (1973) in the United States where it was found that one in three adult Americans had occasion to use at least once a psychotherapeutic drug in the preceding year and the most frequently group of drugs used was the antianxiety drugs.

This present study is to determine in a general hospital out-patient clinic setting the extent and type of psychotropic drugs prescribed in relation to symptomatology or diagnosis.

METHOD

This study was conducted in the general out-patient of a general hospital in an urban area. The period of study was for 3 days in March 1979. All prescriptions were scrutinised and those containing any tranquilliser, hypnotic, antidepressant, stimulant or antianxiety drug were identified. Those excluded were from patients suffering from epilepsy and those below the age of 15 years. Prescriptions from specialised clinics including the psychiatric and drug abuse clinics were not included.

From the prescription, details of duration and drugs prescribed and combination with other drugs were noted. An attempt was made to trace all case notes but only 85 (80%) out of the 106 were traced by the records office. From these case notes, the past frequency and duration of usage and the diagnoses or symptomatology were studied.

The general out-patient clinic dealt with new and follow-up patients and functioned as a screen and referral source to the specialised clinics. Hence the nature of complaints were diverse.

RESULTS

Percentage of out-patients prescribed psychotropic medication

One hundred and six out-patients were prescribed psychotropic medication out of a total of 1502. This was a percentage of 7.1 This is relatively low compared to the 17% reported by Parry *et al.* (1973) in the United States.

Type of drugs

Antianxiety drugs of the benzodiazepine group was the most commonly prescribed comprising 83% of the sample of 106 prescriptions (Table I). Following this was phenobarbitone (the only barbiturate prescribed) comprising 14.1% and one case of a tricyclic antidepressant and 2 cases of a hypnotic of the benzodiazepine group. The

O.H. Yeoh, M.B., B.S., M.P.M., M.R.C. PSYCH.,
M.R.A.N.Z.C.P.

Formerly Consultant Psychiatrist,
General Hospital
Penang.

total percentage of antianxiety and hypnotic prescriptions was 99%. The phenothiazines, butyrophenones and other psychotropics were not prescribed. In only one case was a combination of psychotropic drugs used i.e. a combination of 2 benzodiazepines. Excluding the one prescription of antidepressant, the incidence of antianxiety and hypnotic prescriptions among the 1502 out-patients was 7%. This percentage was higher than the 3.5% of antianxiety and hypnotic drugs prescribed in 1,000 out-patients of the psychiatric clinic.

Table 1
Psychotropic drugs prescribed in a general out-patient department

Drugs	Number of cases	Percentage of cases
Antianxiety	88	83
Sedative - hypnotic	17	16*
Antidepressant	1	1
Antipsychotic	0	0
Stimulant	0	0
Total	106	100

*Phenobarbitone alone 14.1%

Duration of prescriptions

The duration ranged from 2 days to 1 month. Seventy-six (71.7%) of 106 prescriptions were from 2 days to 7 days. Prescriptions of 1 to 2 weeks comprised 13.2%.

Frequency of usage

Sixty-eight cases (80%) out of 85 cases whose case notes were traceable were either prescribed for the first time ever or the first occasion after an interval of six months. Of the 17 (20%) cases who were repeat users, 2 had been using the drugs for 3 to 5 years, 4 for 1 to 2 years, 2 for 6 to 12 months, 6 for 1 to 6 months and 3 for 2 to 4 weeks. The doctors prescribing for these repeat users were different in all but one case.

Combination with other drugs

One hundred out of 106 cases were prescribed

other drugs too. These drugs were analgesics, vitamins, coronary dilators, anti-hypertensives, anti-inflammatory drugs, anti-biotics, carminatives, anti-diabetics, antacids, antitussive, anti-histaminics and bronchodilators. Some sample prescriptions were (a) ibu profen and diazepam, (b) glycerol trinitrate, prenylamine lactate and diazepam, (c) lorazepam and paracetamol, (d) paracetamol, vitamin B complex and diazepam, (e) lorazepam, vitamin C and B complex and chlorpheniramine and (f) diazepam and cough expectorant.

Diagnoses

The diagnoses were not written down in all cases but 85, whose case notes were traceable, were reviewed to determine the symptomatology and diagnoses where possible. In 38 cases pain was mentioned. This description covered symptoms such as "aches", "joint pains", "headache" "bodyache" "muscular pains", "abdominal pain" and "chest pain". Almost all of these cases were also prescribed an analgesic, anti-inflammatory drug or a liniment for external use.

In 6 cases insomnia was given as the symptom. In 2 cases, palpitations were noted, one of these was a thyrotoxic patient. In 3 cases, giddiness was the presenting symptom.

Among organic illnesses which had been fully investigated, 3 cases were noted to be of ischemic heart disease, 10 cases of hypertension, 2 cases of thyrotoxicosis and 2 cases of bronchial asthma. Of the 17 cases (out of 85 cases with traceable cases notes) who were repeat users the diagnoses or symptomatology recorded were hypertension in 5 cases, ischemic heart disease in 3 cases, "cough" and "chest pain" in 2 cases each and one case each for "palpitation", "sternal pain", "abdominal distension and fatulence", and "cries easily". Another patient only requested for medication.

DISCUSSION

The results give some indication of the extent and pattern of psychotropic prescriptions in a general out-patient clinic of a general hospital. The percentage of out-patients receiving psychotropic medication was 7.1% and this was lower than the 17% in an American study by Parry *et*

al. (1975). The prescription of antianxiety drugs and hypnotics in the general out-patient clinic in this study was higher than in the psychiatric clinic of the same hospital. Excluding the one case of antidepressant prescribed, the prescription of antianxiety drugs and hypnotics was 7% of the out-patients. Similar prescription of these two groups of drugs in the psychiatric clinic in the same hospital was 3.5%. This finding in this study was not surprising. It could be that psychiatrists see more psychotic than neurotic patients, on the other hand psychiatrists use a wider range of non-drug management procedures including psychotherapy and behaviour modification therapy. Having a wider range of management procedures psychotropic medication is viewed as only one of many procedures. It had been also reported by Parry *et al.* (1973) and Hollister (1977) that non-psychiatrists were the sources of more psychotropic medication than psychiatrists.

Of the hosts of psychotropic drugs, only one group was extensively used i.e. the benzodiazepines. Five members of this group were used by the doctors out of 6 which were available to them. Phenobarbitone was the other commonly prescribed drug and in 1 case only was a tricyclic antidepressant prescribed. In the psychiatric clinic no barbiturate was prescribed in the 1,000 cases screened. Conspicuous by their absence were drugs associated with anti-psychotic properties such as phenothiazines and butyrophenones. The choice of the benzodiazepines with their anxiolytic properties would indicate that the prescribing doctors perceived the complaints as neurotic or psychosomatic as opposed to psychotic.

Each prescription order ranged from 2 to one month, with the majority (71.7%) from 2 to 7 days. Prescriptions for periods longer than 2 weeks comprised 15% and were mainly for the chronic repeaters. Except for a small group of patients, the doctors did not prescribe for long periods at each visit.

The prescriptions could be separated into two groups. One group had been continuously receiving repeat prescriptions and comprised 20% of the 85 traceable case notes. One of these cases had been on a benzodiazepine for 5 years. Eight (10%) were suffering chronic cardiovascular

illnesses of hypertension or ischemic heart disease. The remaining nine had symptoms of vague etiology. Only one of these was likely to have a psychiatric basis as she "cried easily". In 16 cases a benzodiazepine was prescribed and in one case a phenobarbitone. The use of anti-anxiety drugs in chronic non-psychiatric disorders is not infrequent. Greenblatt *et al.* (1976) reported the use of an anti-anxiety drug in chronic cardiovascular and gastrointestinal disorders to be between 20% to 40% in the Boston area.

The second group comprising 80% of the 85 traceable case notes revealed that they were prescribed psychotropic drugs for the first time or after an interval of six months. Symptomatology which could be associated with psychoneurotic disorders were mentioned in only 13% of first or fresh prescriptions. These symptoms were giddiness, palpitations and insomnia. Fifty three percent (36 cases) of these first or fresh prescriptions were for complaints of aches or pains. Invariably an analgesic or anti-inflammatory drug was also prescribed. The use of anxiolytics in musculoskeletal disorders, psychophysiological disorders and anxiety secondary to other medical problems was reported by Blackwell (1973) to be 70% of prescriptions and the remaining 30% was prescribed for anxiety and insomnia. In this present study 34% of first or fresh prescriptions had other symptoms of a non-psychiatric nature.

Symptoms attributable to psychiatric disorders were recorded in only 12 cases (14.5%) of all the 83 case notes traced. This low figure could be the result of a low recording by doctors of psychiatric complaints in the cards but this would appear unlikely as other physical symptoms were recorded. The remaining 85.5% were prescribed psychotropic medication solely or as adjuncts for non-psychiatric symptoms. In the study by Parry *et al.* (1973) about half of new prescriptions for the anti-anxiety drugs were prescribed for non-psychiatric conditions.

It would be interesting to know the transaction occurring between the prescribing doctor and the patient resulting in the prescription of an anxiolytic or hypnotic when no specific psychiatric complaints were mentioned by the patient. Few patients do actually complain of anxiety or

depression. For these who do not, the criteria for diagnosing anxiety or depression would depend on individual doctors. There is also the need of the doctor to "do something" for those who cannot be convinced that they have no organic illness and where the psychodynamics are unclear. This especially applies to a busy outpatient clinic. The use of anxiolytics is legitimate even where the psychodynamics is unclear as the medication acts as a bridge for further exploration and management. But where there are frequent changes of doctors any accompanying non-drug management would be scant, superficial or intermittent.

SUMMARY

This study shows that within a general hospital out-patient setting, the prescription of psychotropic medication is mainly confined to the anti-anxiety drugs and secondarily to the hypnotics. There is a conspicuous absence of prescription for antipsychotic drugs and negligible use of antidepressants. The use of anti-anxiety drugs and hypnotics was higher in the general out-patient clinic than in the psychiatric out-patient clinic in the same hospital. This finding is in the trend of similar findings by others that non-psychiatrists prescribe more psychotropic medication including anti-anxiety and hypnotic medication. In this study the use of psychotropic medication for patient generated psychiatric symptomatology was only in 14.5% of cases prescribed these medication. The anti-

anxiety drugs were prescribed as adjuncts in non-psychiatric conditions as well. Frequent use as adjuncts were in the treatment of muscular tension and in chronic cardiovascular disorders.

There is a core of patients (20%) that had been continuously prescribed medication up to a period of 5 years. Half of these were chronic cardiovascular patients and half presented with no demonstrable systemic organicity. None had been referred to a psychiatrist.

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