

HONG KONG

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All commonly used psychotropic drugs are available in Hong Kong. A doctor's prescription is required and the drugs cannot usually be obtained under the counter since the Government is tightening up restrictions in this respect. All who require medication and cannot afford it are also able to obtain it at little or no cost for as long as is necessary from Government institutions. This is particularly helpful in the long-term maintenance treatment of psychotics from the lower social strata. It is probable, however, that a large proportion of patients still exists who have not come forward for treatment for various reasons.

Concerning trends of usage, I shall deal first with the practice among psychiatrists. As regards the antipsychotic drugs (neuroleptics), the phenothiazines are still the most commonly used. Chlorpromazine remains the first line drug for schizophrenia, especially when a sedative action is also required. Trifluoperazine is another first line drug for schizophrenia, particularly for paranoid and hallucinatory manifestations and dullness. Less commonly used phenothiazines are Thioridazine and Perphenazine. Fluphenazine in its long-acting form has been found useful in out-patients unreliable in their drug taking or who appear over-sedated with other phenothiazines. However, of late, there has been found a tendency for patients to relapse with its exclusive use. In the butyrophenone group, Haloperidol continues to find a place as the main drug in mania, and as a second line drug in schizophrenia particularly with paranoid-hallucinatory phenomena. The thioxanthenes have practically not been used in Hong Kong except for research purposes.

We come to the anti-anxiety drugs (anxiolytic sedatives), a term I shall use to include (a) minor tranquillizers and (b) hypnotics and sedatives.

The minor tranquillizers continue to be much used by psychiatrists, usually in combination with anti-depressants. Among the benzodiazepines, Chlordiazepoxide and Diazepam are the most commonly prescribed. Of the two, Diazepam is increasingly favoured for its stronger tranquillizing action. It is also increasingly used for rapid sedation and in epilepsy. Other benzodiazepines e.g. Oxazepam (Serepax) are much less used. Meda-

zepam (Nobrium) however is somewhat more frequently used than the others as an alternative to Librium and Valium. Other minor tranquillizers including meprobamate are rarely used by psychiatrists. The hypnotics and sedatives comprising mainly the barbiturates are fairly widely used. Nitrazepam (Mogadon) is practically the only non-barbiturate drug in this group that is commonly used, mainly as a substitute for barbiturates which carry a greater danger of addiction.

As regards anti-depressants, the tricyclics, mainly amitryptiline, tend to be more frequently used than the MAOIs; however the latter continue to be used to a fair extent, in the neurotic or atypical depressive as well as in all other neurotic conditions, in combination with a minor tranquillizer. Almost the only MAOI used is Isocarboxazid (Marplan). Psychostimulants such as amphetamines are little used by psychiatrists, except occasionally in epilepsy and narcolepsy.

While Psychiatrists are aware that psychotropic drugs should be used only as part of a comprehensive treatment programme, there is a tendency to place much reliance on physical methods because of shortage of personnel. Also the local population expect to be given drugs and injections and are sceptical of other forms of treatment.

I shall say only a few words about the use of psychotropic drugs among general practitioners. The latter use mainly the anti-anxiety drugs, and these they use in abundance. One general practitioner informed me he had Librium in 8 different colours. The main minor tranquillizers used are Librium, Valium and Nobrium. Meprobamate is still extensively used. These drugs are used for treatment of anxiety, sleep disorders, and psychosomatic conditions. One has the distinct impression, though unsupported by factual data, that general practitioners are prescribing anti-anxiety drugs excessively and that abuse of these drugs is a large problem. Unlike in Western countries, there is little tendency to use anti-depressants or the major tranquillizers, mainly because of poor knowledge of mode of action of these drugs and a disinclination to get involved with the more serious psychiatric conditions.

It may be worth mentioning that we have not

found any significant differences from Western countries in respect of dosage, therapeutic response or side or toxic effects, except that the effective dosage tends to be about 80% of that used say in the United Kingdom; this is understandable because of the proportionately colour body weight of the Chinese. I mention all this in view of claims advanced in some quarters of large cross-cultural differences in psychotropic drugs dosage and response which are not solely determined by differ-

ences in prescribing tablets.

In conclusion, the main differences in the use of psychotropic drugs between Hong Kong and Western countries is found not among psychiatrists but among general practitioners. The latter in Hong Kong who are in the front line of defence, should play a greater role in the treatment of psychological disorders but before they do so, they should be better educated in the use of psychotropic drugs and in psychiatric practice generally.

INDONESIA

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The speed of scientific development in this modern age has reached such a stage where the most up-to-date information has not only become a pressing necessity but an indispensable basic need. Although medical authorities in Indonesia have worked out programmes for the nation's second Five Year Development Plan (1974–1979) and psychiatrists active in mental health planning have attempted to look into the future as far as 30 years ahead, the aim of this presentation is only to focus on actual facts in psychotropic medication which existed during 1970–1973.

Psychotropic Medication in Indonesia was only known in 1956, when Chlorpromazine was introduced. I wish to refer to a report which describes the status of psychotropic medication in Indonesia until 1970*

The number of psychotropic drugs now available has become numerous and is expected still to increase.

Drugs like Librium (Chlordiazepoxide) and Valium (Diazepam) stimulated the development of more systematic psychosomatic approaches among Indonesian physicians who previously were predominantly organically-oriented. Scientific literature provided by pharmaceutical firms was also helpful in this development. Although anti-depressants were introduced much later, Amitriptyline (Laroxyl[®], Tryptanol[®], or Elavil[®]) are now widely used. There is, however, still a relative

unfamiliarity with the somatic manifestations of depressions especially among general practitioners and non-psychiatric specialists. LSD is not used therapeutically.

Although psychotropic drugs are not processed or developed in Indonesia, most drugs like chlorpromazine, reserpine, meprobamate, chlordiazepoxide and diazepam are imported as bulk materials. There are many pharmaceutical firms active in manufacturing tableted form of such substances. No basic drug research is carried out in Indonesia; on the other hand, clinical drug trials were carried out in a number of medical centres:

- a. **Jakarta:** under the auspices of The Directorate of Mental Health, Ministry of Health, and The Department of Psychiatry, University

* The Indonesian population estimated at 120 million is served by 41 mental hospitals and Department of Psychiatry which are located in the main cities in Java, Bali, Sumatra, Kalimantan, Sulawesi and Irian Jaya.

There are 3 central state mental hospitals (all located on the island of Java), with an average bed capacity of 1,000. There are also about 20 regional state mental hospitals with an average bed capacity of 200, most of them on the other islands. A few general hospitals have psychiatric facilities. The Department of Psychiatry of the University of Indonesia, for instance, is part of the General Hospital in Jakarta.

The report also states that the number of certified psychiatrists in Indonesia is about 75 persons.