

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

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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

classes of drugs by Society at different times influence use and abuse of drugs. E.g. in the 1930's it was barbiturates; in 1950's pep pills, late 1950's and early 1960's tranquillisers and anti-depressant drugs and in the 1970's combined preparation of anti-anxiety and antidepressant drugs.

- (b) Prescribing fashions by doctors influence patient's expectations and demands.

3. Pharmaceutical Industries

It is mainly the result of research by pharmaceutical industries and the large amount of new psychotropic drugs discovered and developed. Pharmaceutical industries promote their sales by advertising, visits to doctors by representatives

and by the work they do generally in public relations.

Cost of Drugs in United Kingdom

The total cost of drugs in the National Health Service for 1971 was £163 million; £140 million were earned by exports and £96 million by sale of household remedies. The total cost amounts to 0.5% of the National Income. Pharmaceutical industries spend £22 million a year on research.

In the United Kingdom, pharmaceutical industries spend 16% of their gross income in sales promotion which is less than the U.S.A. figure of 20%.

BIBLIOGRAPHY

"SYMPOSIUM on the Prescribing and Use of Psychotropic Drugs". Parish, P.A. (Ed.), 1973.

VIETNAM

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The Psychiatric Hospital of Bienhoa, a unique big institution in Vietnam was built in 1918. Originally designed for 1,200 patients, it is now over-crowded with over 2,200. Before 1960, psychiatrists had little means, at their disposal, in their therapeutic arsenal, therefore custodial care and electric shock treatment were the only method for control of the behaviour of the patients.

With the introduction of Phenothiazines in 1962, a certain improvement in the atmosphere of the hospital was noted. An open-door system could be achieved for some wards. An occupational therapy centre and an out-patient clinic created shortly after, were the proof of the effectiveness of drug therapy.

Concerning the status of psychotropic medication, we would like to specify some particular problems:

1. Major tranquillizers often are available to control the over-active, to reduce and to reduce delusions and hallucinations, for example, with

100–400 mg of Chlorpromazine per day (Largactil)

200–600 mg of Thioridazine per day (Melleril)

12–16 mg of Perphenazine per day (Trilafon)

15–30 mg of Prochlorperazine per day (Compazine)

10–30 mg of Trifluoperazine per day (Stelazine)

3–10 mg of Fluphenazine per day (Moditen-Anatensol)

3–10 mg of Haloperidol per day (Senarace)

Side effects of the extra-pyramidal type are infrequent because moderate dosage is used. They are overcome by Trihexyphenidyle (Artane). Three cases of jaundice with chlorpromazine are reported.

2. Some acute psychotic patients need a high dosage of phenothiazines, thanks to which they can be discharged from the hospital