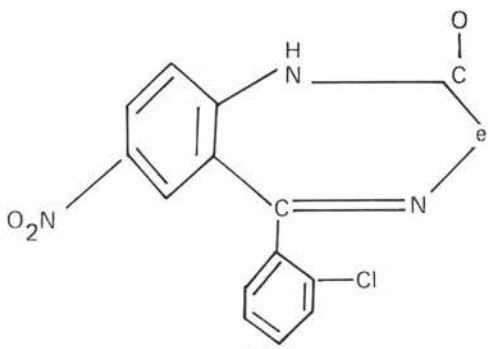
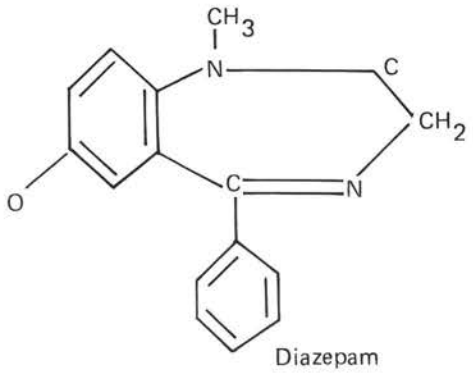
Table V Structural Difference between Clonazepam and Diazepam



Clonazepam



Diazepam

SUMMARY

The anticonvulsant properties of Clonazepam were investigated in a double blind clinical trial on 39 patients. 19 patients received Clonazepam and 20 patients received Diazepam, during one year.

Statistical analysis of the results, gave highly significant levels for the symptoms of absences and EEG. On the basis of these results, we believe that Clonazepam is an excellent drug for the treatment of epilepsy, especially because of the lack of serious side-effects.

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Clonazepam – Rivotril, Roche. The supply of Rivotril needed in this study was donated by the Roche Research Foundation.

ATTITUDES OF FILIPINO PSYCHIATRIC PATIENTS TOWARDS PRESCRIBED MEDICINAL DRUGS

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The study pertains to attitudes and interpretations by Filipino patients regarding drugs prescribed for them by doctors. Thirty doctors, practising in Manila, were asked through letters, questionnaires and follow-up interviews to record their observations of patient-attitudes towards

drugs they prescribe. Half of these doctors were internists; the rest was a sprinkling of surgeons, obstetricians, and psychiatrists. Their collective responses indicated definite attitudinal patterns of patients towards the prescribed medications.

Some broad cultural factors may help to understand the background for these attitudes. Firstly, the Filipino has great respect for his body and is even likely to invest it with excessive narcissism. Child rearing practices, particularly parent-child communication, emphasize the importance of the body and of physical health. He grows up with a built-in unique dread for body dysfunction or disease. This also appears related to the preponderance of somatization as an equivalent of psychological distress and as an effective bid for help and sympathy.

Secondly, there is a magical quality attributed to drugs, simply because its source, nature and action are ill-understood and therefore mysterious. Rural folk continue to prefer familiar herbs and advice of local healers (herbolarios). Drugs viewed as "foreign" agents seem to always evoke a little doubt, an element of fear, about what they can do.

Thirdly, the Filipino patient still tends to look at his doctor as an omnipotent figure. The phrase describing him as "next to God" continues to be heard from patients. The doctor-patient relationship becomes quite real to the patient and the concern and strength of the doctor are regarded as a major source of emotional support for the patient and his family and a crucial factor in the salvation of his body from illness and death. Thus, the relationship with the doctor becomes highly personalized in terms of interaction and expectations.

Although the level of education and sophistication of a patient may be high, it is not unusual to find the above factors operating to an unrealistic degree.

In view of the above, some of the attitudes towards prescribed medicinal drugs are easily undertsood; others appear puzzling and inconsistent with the above-mentioned concern for body health, the child-like dependence on the doctor and the tendency to magical expectations.

Easily understood are attitudes which give the drug sole credit for the patients' improvement or recovery. The patient sees the doctor and the drug he prescribes as an all powerful team. The more drastic and dramatic the mode of administration the more heroic the role given to the doctor and drug.

The drug in such cases almost attains a personality of its own. The patient adopts it like a friend, an ally, a protector. Doctors complain that the patient at some future date will self-medicate with the same drug, without consulting a physician. He may also pass it on to a relative or friend as something worth trying, without seeing a doctor.

One patient referred to dosages of the drug as "rounds of ammunition". Another patient, a female accountant, suffering from migraine headaches, referred to her tranquillizer as a "rider", which she would take whenever a difficult situation needed to be smoothed out. One business man-patient asked if it was all right to continue taking vitamins along with a tranquillizer. Vitamins, being viewed as potent agents, might collide in his body with the tranquillizers and literally overpower and nullify the effect of the latter.

On the other hand, practically all the doctors complained of difficulty in getting the patients to follow instructions strictly. The element of doubt or distrust about what the drug may do tends to persist and the doctor likewise is not completely trusted. Patients tend to modify dosages on their own.

When asked why they do this, their reasons vary. Some reason out that if it is such a good drug, they should get well with only one or a few doses. The patient may discontinue the drug if no improvement comes quickly, even if it has been carefully explained to him to wait for a few more days. If given a number of drugs, the patient may take only one or few. One patient remarked that a good drug should do "everything". If a doctor happens to emphasize one drug somewhat more than the others, the patient takes this as the clue as to which is the all powerful one.

Choosing only one drug among several prescribed by the doctor also simplifies the disease in the patient's mind. Too many pills means that the illness must be a complicated one. Similarly, if the schedule and mode of administration of drug dosages are complicated, the patient may give up taking them altogether. (Example: Workers in Family Planning in one village find that the rural womenfolk cannot comprehend how a small pill can stop an awesome process like conception. They are also bothered by the regimen that the pill be taken every day).

Some of the doctors referred to this free-wheeling manipulation of their instructions as simply the patient's trait of being stubborn or whimsical in which case he has to be followed up

closely. Apparently, doctors take this as part and parcel of the problem and quickly shift the responsibility of correct and adequate dosage to the patient and the family.

Replies of patients when asked by their doctors why they changed the dose or schedule of dosage do indicate the presence of the element of fear or distrust; the patient tries to gain control of the situation by some token manipulation of the drug.

When it comes to psychotropic medication, the fear or distrust can be understandably exaggerated by an overanxious or depressed or psychotic patient. The non-psychotic patient is only too eager to be helped and with little difficulty, obeys instructions. The depressed patient of course views the pill with the same pessimistic outlook that he does everything else. "Will I get addicted?" "If I take this, I may never wake up", "This might really make me snap" are frequent remarks by such patients before they agree to try the drug.

The doctors also mentioned the opposite extreme in attitude, namely, a readiness to accept and over-value drugs. In such instances, only a prescription gives validity to the medical consultation. A doctor who does not give a prescription during the patient's visit for one reason or another (e.g., more work-up needed) is reminded by the patient to please prescribe "something".

A published study by one Filipino doctor about patient-attitudes states that Filipino patients associate a drug with a certain specific symptom, rather than with an illness. Thus patients think that the drug can be given to anyone with the same symptom. Partly, this is responsible for self-medication and for recommendation of a drug to friends or relatives, without medical consultation. The same author makes the claim with supporting statistics that the pharmaceutical industry in the Phillipines ranks with steel and oil in size and importance. By the same token, doctors mention a frequent observation: that many of the houses they visit have "pocket" drug-stores for a medicine cabinet, with a different drug for every symptom.

In conclusion, one may hypothesize that the contradictory patterns in attitudes towards drugs reflect changes in the orientation of the society towards the practice of medicine. Whenever a society undergoes changes, traditional beliefs compete with new ideas. Individual members react and adapt to change, each in his own way. The doctor, because he wants his tools to be effective and because he has to make a living, then tries to adopt a style of prescribing drugs which he feels will work with a majority of patients.

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A CLINICAL TRIAL OF COMBINED THERAPY WITH CHLORPROTHIXENE AND NORTRIPTYLINE IN PSYCHOTIC PATIENTS WITH DEPRESSIVE SYMPTOMS

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The use of a combination of known effective drugs has become widespread during the past decade. Fairly numerous reports [1, 2, 3, 4, 5, 6, 7, 8, 9] have appeared in the past ten years on the use of a combination of antidepressive agents and neuroleptic drugs in the treatment of schizophrenia. The author reported favorable results in treating psychotic patients with depressive symptoms with combined Pericyazine Trimipramine.[10]

Chlorprothixene, the oldest known member of thioxanthene group of tricyclic neuroleptic has been developed by Research Laboratories of Lunbeck in 1958. It differs from phenothiazine