9 Overprescribing of Psychotropic Drugs

J. Guy Edwards

During recent years we have seen startling increases in the manufacture, distribution, prescription and cost of psychotropic drugs. Many figures have been quoted from Department of Health and Social Security and other sources (for example Trethowan, 1975) to illustrate these increases. The figures quoted are often said to be out of proportion to the prevalence of the psychiatric disorders for which they are prescribed. This, however, cannot be accepted as a statement of fact, because the prevalence of mental illness in general, let alone that of specific psychiatric disorders that call for drug treatment, is not known. The figures are, none the less, suggestive.

Even more suggestive are those data on the use of psychotropic drugs obtained from community surveys (Jeffreys et al., 1960; Parry, 1968; Manheimer et al., 1968; Linn, 1971; Mellinger et al., 1971). To cite but one example, we found that almost 18 per cent of a random community sample in the Washington Heights area of New York City indicated that they often took sleeping pills or other drugs to calm their nerves. A detailed breakdown of statistics concerning drug use in a community sample, such as that made by Parry et al. (1973), may suggest that over-all drug use, being sporadic and irregular, is conservative. Alternatively, extrapolations made from other data, such as those of Dunlop (1971) who roughly computed that the number of prescriptions for hypnotics in Britain represented enough drugs, if taken, to make every tenth sleep in the U.K. hypnotic-induced, make us suspect that there is a problem of overprescribing. Whatever the case, we should assess the data in relation to those other problems concerning drug use that are discussed below. If then we accept that there is a problem of overprescribing, we should assess the extent to which we, as psychiatrists, contribute to it and consider ways in which we may be able to minimise the problem.

Causes for Concern

The price that has to be paid for advances in psychopharmacology has been a wide range of unwanted effects. We should be concerned, not only about the well-known effects, however frequently or infrequently they may occur, but also about the risk of indirectly occurring effects and the possibility of reactions yet to be discovered. There is evidence to suggest, for instance, that benzodiazepines can precipitate hostility in situations where people are
grouped together and a frustrating stimulus is introduced (Salzmann et al., 1974). It is possible, therefore, that the excessive use of these drugs contributes to the apparent increase in hostility in society. While such an idea must remain speculative, it serves to remind us of the possible broader sociological implications of our prescribing. Likewise, we should be concerned about the potential effects of drugs on driving and their contribution to road traffic accidents.

There is also evidence to suggest a relationship between the use of psychotropic drugs in parents and the abuse of psychodyseptic agents in their children (Smart and Fejer, 1972). Although a causal connection has not been definitely established, it suggests the possibility that children model their drug-taking behaviour on that of their parents. If this is the case, by unnecessary prescribing we may indirectly contribute to the drug abuse problem which we so readily condemn. Then there is the relationship between overprescribing and self-poisoning. It is well known that many patients do not take their treatment as prescribed. Drugs that are not taken are often hoarded. Hoarded drugs become a ready source of accidental self-poisoning for children or deliberate self-poisoning for potentially suicidal people.

Another potential implication of overprescribing was stressed by Trethowan (1975);

... anxiety, like pain, is biologically purposive in that it draws attention to a threat. When this threat is not a real but a neurotic one it points to a conflict that needs to be resolved. If the sufferer is given too ready a means to suppress his anxiety his motivation to try and resolve the conflict that underlies it may also be suppressed. In short, to overcome anxiety a patient must be allowed to experience it, albeit in tolerable doses. Merely to suppress anxiety is to run the risk of suppressing the will needed to try and overcome it.

Finally, there is a question of cost. Although the cost of prescribing per head of population in Britain is lower than elsewhere in the European Economic Community, the expenditure on drugs has risen at an alarming rate during the past decade. The cost of drugs prescribed by family doctors, for example, has increased from £140 million in 1968 to almost £415 million in 1977 (Lancet, 1977).

Factors Contributing to Overprescribing

The prescribing of drugs is a much more complex social process than we might readily imagine and many factors are involved. These include:

Time and Training

There are too few doctors and too many patients. Under the circumstances, we