UNRELIABILITY OF PSYCHIATRIC PATIENTS IN FOLLOWING PRESCRIBING INSTRUCTIONS

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IN ASSESSING the therapeutic value, the disadvantages and side effects of drugs used in psychiatry it is assumed that patients follow accurately the prescribed instructions. This is far from the case. This unreliability may account for many of the discrepancies between favourable reports of clinical trials in hospital of new antipsychotic and antidepressive drugs and the poor results in outpatient and general practice.

We have been studying this problem for several years and, from inquiries in some hundreds of unselected outpatients, we believe that instructions are not reliably carried out in more than 30 per cent of cases.

We have been trying to investigate this more accurately and closely with patients attending the day hospital. As a result we do not think that more than 50 per cent of these patients follow the instructions faithfully. In one series of patients who had recovered from the acute phase of depression and were attending follow-up clinic, 50 per cent admitted that they had not regularly continued with the maintenance treatment prescribed. We also ascertained that patients at holiday time, e.g. Christmas, deliberately withhold or throw away their tablets so that they can take alcohol and drive cars.

The following points arise:

Patients stop taking tablets or take them irregularly because— (1) they forget; (2) their mental condition has changed and they have forgotten why the drugs were prescribed; (3) they have delusions; they do not believe they are ill and think they are being poisoned; (4) they suffer side effects, such as headache, giddiness, dry mouth;

*Working under research grant from Wm. R. Warner & Co. Ltd.

(5) they have personal reasons, e.g. to drink, drive a car, claim they are not ill, etc.; (6) they have seen publicity about the dangerous effects of drugs in the press or on television.

Patients take too many tablets for some of the above reasons and also—(1) on the advice of friends; (2) because of addiction; they may obtain prescriptions from hospitals and from one or more general practitioners simultaneously; (3) because the general practitioner prescribes in addition to the hospital prescription, either because he ignores it or is unaware of it; (4) because the patient is not improving and asks the general practitioner to prescribe other drugs which he takes simultaneously.

Patients take drugs intermittently because of some of the previous reasons and also—(1) because they do not know the purpose of the drugs—they think they are for acute relief of symptoms or insomnia and only take them for this reason; (2) because they have still other drugs used in the treatment of a previous attack and, recollecting that they were effective, they take them as an alternative to the prescribed drug, or in addition, without medical sanction.

To illustrate the last point, a patient seen by one of us recently had been taking nembutal and soneryl for sleep and sometimes pethidine for pain. She added occasionally amitriptyline which she found at home and which had been prescribed for her for depression three years before.

Attitude of patients

Patients often are afraid of the word ' drug ' and will ask " Is it a drug? " They have a fear of certain colours. They usually do not like black tablets, some fear red because it reminds them of blood and many have no confidence in grey. They have other irrational fancies for drugs and a patient recently seen demanded a rather toxic preparation with which she had been treated years before, but which had been withdrawn from the market. Patients generally think that non-barbiturates are tranquillizers which are prescribed to calm them only. We have known of a patient who would hand round a phenothiazine, like snuff, to the company at a bingo session, when excitement was getting high.

What should be done?

Obviously this is an absurd and dangerous situation, very difficult to control. We think that, with the co-operation of selected general practitioners, a careful inquiry should be made to examine the whole problem and to see what controls could be effected and, in particular, how patients and their relatives can be educated about home treatment.

Ideally, in psychiatric cases, the following conditions should be

enforced if possible—(1) unused drugs should be returned and destroyed; (2) in most cases a responsible person should keep and ssue the tablets, according to the prescription. As a general rule psychiatric patients in their own homes, however confused or forgetful they may be, are allowed to keep their own tablets. The relatives may be away all day at work. (3) Patient and relatives should have, in writing, a short explanation of the regime, as for a diet sheet; (4) the doses should be cut down to not more than two per day. The mid-day doses are often left out anyway and cannot be administered if the responsible person is at work.

Such a pilot study would be difficult to carry out but the project is worth great effort. As things are it is very difficult to discover the optimum indications and conditions of administration of anti-depressive and antipsychotic drugs. It does appear that many of the disappointments and inconsistencies in results with these drugs are due as much to faulty control of the regime as to inadequacies in the preparations themselves.

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