

## INTRODUCTION

Partly as the result of major advances in psycho-pharmacology over the past 20 years and partly through the influence of advertising, large sections both of the medical profession and the general public have come to regard psychotropic drugs\* as a universal panacea for a wide range of social and emotional problems. Psychotropic drug medication is expected to provide happiness when we are sad, energy when we are tired, calmness when we are excited, sleep when we are wakeful and clear thinking when our minds are cloudy. Mass medication on a scale undreamed of 30 years ago is now widely accepted as normal medical practice. The use of psychotropic drugs has been socially sanctioned. People who would not think of regularly taking alcohol do not seem to mind taking hypnotics, stimulants or tranquillizers regularly. From 1965 to 1970 the prescribing of psychotropic drugs in England and Wales increased by 19 per cent so that by 1970 47·2 million psychotropic drug prescriptions were dispensed under the National Health Service at a cost of £21·5 million. (Table I).

TABLE I  
NUMBER OF PRESCRIPTIONS, PSYCHOTROPIC DRUGS (ENGLAND AND WALES)—(MILLIONS)

	1965	1966	1967	1968	1969	1970
Barbiturate hypnotics .. .. .	17·2	16·8	16·1	15·3	14·2	13·1
Non-barbiturate hypnotics .. .. .	2·9	3·5	4·8	5·8	6·3	7·1
Tranquillizers .. .. .	10·8	12·5	14·7	16·0	16·5	17·2
Stimulant and appetite suppressants ..	5·3	5·2	4·8	3·9	3·6	3·4
Antidepressants .. .. .	3·5	3·9	4·9	5·3	5·8	6·4
TOTAL .. .. .	39·7	41·9	45·3	46·3	46·4	47·2

Few will deny the benefits of the 'major' tranquillizers in the treatment of severe anxiety, agitation and schizophrenia or the benefits of the tricyclic antidepressant drugs in depressive disorders but many question the value of prescribing the much publicized 'minor' tranquillizers and hypnotics. There is little doubt that in treating emotional disorders it is easier for the practitioner to give a prescription than to give advice. Further, the assumption that any 'improvement' in a patient's condition is directly related to the medication he has been prescribed usually determines the treatment destiny of that patient and others suffering from similar conditions. A pattern of prescribing tends to become established as a habit, and any objective assessment by the prescribing doctor becomes increasingly difficult.

Many stated conclusions about the efficacy of psychotropic drugs contain a set of value judgements untested by enquiry. It is, therefore, necessary to ask whether it is rational for the medical profession to drug a large number of people in the population in order to suppress symptoms in what may be only the comparative few who really need such therapy?

These effects are being produced by an ever increasing use of complex chemicals and it must be asked whether this is appropriate therapy for society's symptoms. In order to answer these questions it is necessary not only to examine psychotropic drug prescribing rates, patterns and trends but also the indications for their use. These can

\*Psychotropic drugs in this report refers to hypnotics, tranquillizers, stimulants and appetite suppressants and antidepressants.

only be determined by relating treatment to morbidity. Unfortunately, such information is not available, and what information there is on the extent of psychiatric morbidity alone is most unreliable because observer bias, differing parameters, confused nosology and lack of replicability.

To determine some of the reasons for the increased prescribing of psychotropic drugs it is also necessary to examine the sources, diffusion and influence of therapeutic knowledge in order to assess the pressures and demands made upon general practitioners to prescribe these drugs. It is the aim of this report to look at only a few of these problems as follows:

1. To examine national prescribing trends for psychotropic drugs.
2. To report the results of a retrospective study of psychotropic drug prescribing by a group of general practitioners in the Midlands and to examine some of their indications for such therapy.
3. To look at some of the influences affecting drug prescribing in general practice.

## 1

### NATIONAL PRESCRIBING TRENDS OF PSYCHOTROPIC DRUGS

From 1965 to 1970 inclusive there was a 19 per cent increase in the prescribing of psychotropic drugs in England and Wales.\* In 1970, 43 per cent of all psychotropic drug prescriptions were for hypnotics, 36 per cent for tranquillizers, 7 per cent for stimulants and appetite suppressants and 14 per cent for antidepressants. Between 1965 and 1970 the prescribing of barbiturate hypnotics decreased by 24 per cent and stimulants and appetite suppressants by 36 per cent. There was an increase in the prescribing of non-barbiturate hypnotics of 145 per cent, a 59 per cent increase in tranquillizer prescribing and an 83 per cent increase in antidepressant drug prescribing. Eighty per cent of all psychotropic drugs prescribed in 1970 were hypno-sedatives or tranquillizers.

TABLE II  
PSYCHOTROPIC DRUG PRESCRIBING (ENGLAND AND WALES, 1965-70)

<i>Therapeutic sub-group</i>	<i>Alterations in number of prescriptions (1965-70)</i>	<i>Percentage of all prescriptions for psychotropic drugs (1970)</i>
	<i>percentage increase or decrease</i>	
Barbiturate hypnotics .. .. .	— 24	28
Non-barbiturate hypnotics .. .. .	+145	15
Tranquillizers .. .. .	+ 59	36
Stimulants and appetite suppressants .. .. .	— 36	7
Antidepressants .. .. .	+ 83	14
All psychotropic drugs .. .. .	+ 19	100

#### *National hypnotic drug prescribing trends*

Prescribing of hypnotic drugs increased from 20·1 million prescriptions in 1965 to 20·2 million in 1970. During this period the barbiturate hypnotic drug prescribing rate fell from 17·2 million to 13·1 million whilst non-barbiturate hypnotic drug prescribing increased from 2·9 to 7·1 million. The four most frequently prescribed barbiturate

\*The prescribing trends discussed in this chapter are calculated from annual prescribing figures provided by the Department of Health and Social Security.