

# Practice activity analysis

## 4. Psychotropic drugs

FROM THE BIRMINGHAM RESEARCH UNIT OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

**T**HIS report is based on an analysis of the first 100 returned proformas received, which involved 31,973 consultations. Recording took place during September. The results are not from a representative sample of family doctors, although the total of 31,973 consultations is enough to provide a reasonable cross section of patients consulting at this time of year.

### Results

The consolidated results are presented in Grid C as in the retained slip of the original analysis data sheets. A psychotropic drug is a single item on a prescription and patients commonly receive more than one item. Six thousand and forty-two psychotropic drugs were prescribed—about 30 per doctor per study week; 1,073 items were prescribed to initiate treatment in a new episode of illness (approximately 18 per cent of the total); 2,189 (36 per cent) items were issued during consultations concerned with the continuing manage-

ment of patients receiving these drugs; and 2,780 items (46 per cent) were issued to patients without a concurrent consultation.

Variability among recorders is shown in Table 1, where the 100 doctors are divided into five equal groups (A, B, C, D, and E). The prescribing total for these drugs is detailed as rates per 1,000 consultations, and minimum and maximum rates are shown with intermediate rates which separate the groups. At the extremes there is a tenfold difference in the use of these drugs (40 per 1,000 compared with 415 per 1,000) and the distribution between these two figures emphasizes the widely differing attitude towards the management of psychiatric disorders.

Some doctors did not prescribe any of the drugs as categorized in Grid C, and further information about these is provided in Table 2. The results presented in Grid C should be examined in conjunction with those of Table 2 and from these a number of points may be made about the groups of drugs prescribed.

**GRID C.** Psychotropic drugs prescribed by specified category and mode of prescribing (number and rates per 1,000).

		NP		CP		RP		Total	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate
Phenothiazines	P	100	3.1	173	5.4	232	7.3	505	15.8
<i>Mild tranquillizers</i>									
Diazepam	T1	303	9.5	477	14.9	584	18.3	1,364	42.7
Chlordiazepoxide	2	73	2.3	173	5.4	229	7.2	475	14.9
Others	3	106	3.3	169	5.3	215	6.7	490	15.3
Total		482	15.1	819	25.6	1,028	32.2	2,329	72.9
<i>Antidepressants</i>									
Tricyclics	A1	244	7.6	500	15.6	440	13.8	1,184	37.0
MAOs	2	8	0.3	24	0.8	21	0.7	53	1.7
Others	3	36	1.1	59	1.9	32	1.0	127	4.0
Total		288	9.0	583	18.2	493	15.4	1,364	42.7
<i>Hypnotics</i>									
Barbiturates	H1	24	0.8	94	2.9	228	7.1	346	10.8
Others	2	173	5.4	493	15.4	761	23.8	1,427	44.6
Total		197	6.2	587	18.4	989	31.0	1,773	55.5
Others	0	6	0.2	27	0.8	38	1.2	71	2.2
Total		1,073	33.6	2,189	68.5	2,780	87.0	6,042	189.0

**Table 1.** Total prescriptions of psychotropic drugs. Rates per 1,000 consultation in each of five groups of 20 recorders (rates expressed to nearest whole number).

A	B	C	D	E
40	110	160	213	267
↓	↓	↓	↓	↓
Minimum recorded rate	Intermediate rates dividing the recording groups			Maximum recorded rate

*Drugs prescribed*

*Diazepam.* The prescriptions for diazepam accounted for 23 per cent of all prescriptions (1,364 out of 6,042). Every recorder issued at least one prescription and 88 of the 100 recorders prescribed the drug as a "new prescription", defined for this study as a prescription concerning a course of treatment for a new episode of illness.

*Chlordiazepoxide.* Prescriptions for this drug accounted for eight per cent of the total.

*Tricyclic antidepressants.* Twenty per cent of all prescriptions were for tricyclic drugs. There were only three recorders who did not prescribe any. Eighty recorders issued 244 "new prescriptions".

*Monoamine oxidase inhibitors.* Fifty-three prescriptions were issued by 34 doctors. Eight "new prescriptions" were issued by six doctors.

*Barbiturates.* Three hundred and forty-six prescriptions were issued by 77 doctors. Only 13 doctors issued "new prescriptions" in this group and only 24 were issued.

*Non-barbiturate hypnotics.* Twenty-four per cent of all prescriptions were for this category of drugs. This was the most frequently prescribed group. Only three doctors did not issue any.

*Other conclusions*

Other conclusions can be drawn from these tables concerning the various drug categories but these and those listed must be seen in the light of certain limitations.

1. The study took no account of patients receiving more than one drug. Antidepressants and tranquillizers are often prescribed simultaneously.
2. Dose was not recorded.
3. A few patients may have received more than one prescription for a particular drug during the study. (This bias is small because the recording took place over a limited period of two weeks).

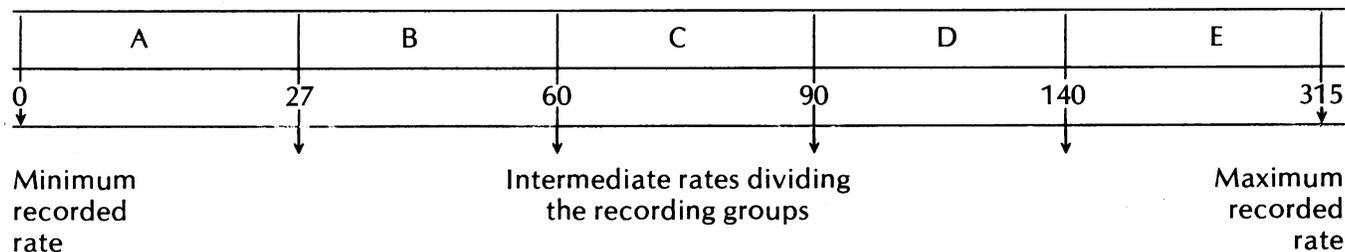
**Table 2.** Number of doctors recording no psychotropic drug by specified category and mode of prescribing.

	NP	CP	RP	Total
Phenothiazines	53	31	31	10
<i>Mild tranquillizers</i>				
Diazepam	12	4	14	0
Chlordiazepoxide	62	36	26	9
Others	53	39	34	17
<i>Antidepressants</i>				
Tricyclics	20	7	19	3
MAOs	94	83	84	66
Others	76	69	80	46
<i>Hypnotics</i>				
Barbiturates	87	52	39	23
Others	27	10	15	3
Other drugs	94	85	81	73
Total	0	0	5	0

**Table 3.** Relative proportions of drugs prescribed by mode of prescription (figures in percentages).

	NP	CP	RP
Phenothiazines	20	34	46
<i>Mild tranquillizers</i>			
Diazepam	22	35	43
Chlordiazepoxide	15	36	48
Others	22	34	44
<i>Antidepressants</i>			
Tricyclics	21	42	37
MAOs	15	45	40
Others	28	46	25
<i>Hypnotics</i>			
Barbiturates	7	27	46
Others	12	35	53
Other drugs	8	38	54
Total	18	36	46

**Table 4.** Repeat prescriptions (RP) of psychotropic drugs. Rates per 1,000 consultations in each of five groups of 20 recorders (rates expressed to nearest whole number.



**Table 5.** Prescribing rates for total prescriptions and repeat prescriptions of psychotropic drugs in three categories according to number of consultations.

	Less than 249	250-349	350+
Total prescribing rate per 1,000 consultations	212	192	177
Repeat prescribing rates per 1,000 consultations	98	89	81

*Mode of prescribing*

Prescriptions were issued in three modes: new prescription (NP); continuing prescription (CP), issued at consultation; repeat prescription (RP), issued without seeing the patient at the time of issue.

Information concerning the relative proportion of prescriptions in each of the three modes is shown in Table 3. Eighteen per cent of all prescribed psychotropic drugs were for "new prescriptions"; 36 per cent were for "continuing prescriptions" issued at consul-

tation; and 46 per cent were for prescriptions issued without a concurrent consultation. There were two noteworthy departures from this relationship: fewer antidepressants were prescribed as "repeat prescriptions" than were prescribed as "continuing prescriptions"; the repeat prescription rate for barbiturates was more than double that for continuing prescriptions. Five doctors provided no repeat prescriptions at all for psychotropic drugs (Table 2). The variation in repeat prescribing rates is shown in Table 4.

*Influence of workload*

In Table 5 the total and repeat prescribing rates are detailed in three categories based on the total number of consultations returned. The proportion of repeat prescribing to total prescribing is equal in all categories (46 per cent). Psychotropic drugs were prescribed relatively more frequently where there were fewer consultations. This was also evident for repeat prescriptions.

**Acknowledgements**

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## OBITUARY

**Dr E. G. Buchanan, MRCP, DRCOG**

The North of Scotland Faculty has lost a good friend and a great doctor. Edward Buchanan lost his life, at the age of 41, as the result of a road accident on 3 October 1977 on his way to help victims of yet another accident on the dangerous Loch Ness road. In the Highlands, Dr Buchanan was one of the pioneers in dealing with road accidents at long range from hospital, and his Range Rover was, with the help of the Highland Health Board, extremely well-equipped to

meet the problems of such accidents. He was always ready to give help with speed, efficiency, and courage.

He was educated at George Watson's School in Edinburgh and went to medical school there, graduating in 1959. He did his house jobs in Stirling, where he met his wife, Marion. He went on to take an obstetric post in Helensburgh and gained the DRCOG. He started practice in Bedford and was then for some years in Bishopriggs before moving to Fort Augustus where for ten years he ran a single-handed dispensing practice with a wide scatter. For six of these years he had trainee