Psychotropic Drug Prescribing in the Family Medicine Out-Patient Clinic, Ramathibodi Hospital

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Background: *Primary care physicians are playing an increasing role in providing mental health care. Psychotropic drugs prescription may be used evaluate primary care physicians in treating and caring for mental disorders.*
Objective: *Evaluate the prevalence, pattern, and rational of psychotropic drugs prescribing by primary care physicians in a tertiary care university hospital.*
Material and Method: *Four thousand four hundred ninety nine records of subjects aged 15 years old and older who received psychotropic drugs from a computer database between August 1, 2004 and January 31, 2005 were analyzed. Through systemic random sampling, rational drugs use from medical records of 575 patients was assessed.*
Results: *The rate of psychotropic drugs prescribing was 9.04%, which was found to increase with increasing age and female patients. Benzodiazepines were the most commonly prescribed (88.9%), followed by antidepressants (9.5%), and antipsychotics (1.1%). Lorazepam (34.7%), alprazolam (28.7%), and diazepam (19.2%) were the top three benzodiazepines prescribed. Polypharmacy was found at 13.4%. The drugs were prescribed for psychological conditions (74.8%; 51.7% by diagnosis and 23.1% by symptoms and/or signs), musculoskeletal disorder of the neck or spine (11.8%), chronic pain disorder (11.8%), and undocumented (1.6%). The psychological problems per se, physical problems per se, and the combination between psychological and physical problems were 21.6, 56.7, and 21.7% respectively. Insomnia, tension headache, and anxiety were the top three most common psychological diagnosis while hypertension, dyslipidemia, and low back pain were the top three most physical diagnosis. The long-term psychotropic drug use (2 months and above) comprised 25.9%. The follow up length ranged from less than 1 week to 24 weeks. The follow-up schedule was made in 73.9%. An actual return visit was 61.6%. Therefore, 12.3% was lost to follow up.*
Conclusion: *The present study illustrates the prevalence, pattern, and rational use of psychotropic medications in primary care of a tertiary university hospital. Intermediate-acting benzodiazepines were the most commonly prescribed. They were prescribed not only for mental but also for musculoskeletal and chronic pain disorders. A quarter of the patients received psychotropic drugs as well as long-term medications without diagnosis. Some patients were put on psychotropic drugs combination. To optimize patient outcomes, a diagnosis should be encouraged. The long-term use and polypharmacy should be minimized. The quality and appropriateness of prescribed medication should be part of a future research project.*

Keywords: *Psychotropic drug, Prescribing, Primary care, Family medicine, Ambulatory care*

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Psychotropic medications are similar to other drugs concerning the quality in prescribing[1]. The clinical indication and monitoring are needed to avoid the inappropriate use, and potential serious side and life threatening effects. However, the use of psychotropic medications differs from the others because they often affect emotion and cognition. Therefore, there are significant clinical, legal, and psychological issues[2]. The burden of psychological disorders is immense. A primary care service for mental health is the first level of care within the health care system. Primary care physicians can play a crucial role in treating and

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care of mental disorders. The prevalence of mental disorders and prescribing psychotropic drugs in a primary care setting has been researched extensively in different countries worldwide. The prevalence of psychotropic drug prescribing around the world by primary care physicians has been documented to range between 2.1% and 29.6% (average 11.5%)[3]. Several new psychotropic drugs have evolved significantly during the last decades, resulting in alteration of physicians prescriptions[4,5]. Conversely, there are only a few studies on mental disorders and prescription of psychotropic drugs pertaining to Thai's primary care setting[6,7]. In addition, there have been significant changes related to the roles of primary care physicians in Thailand. A change in the regulatory status of psychotropic drugs from over-the-counter to prescription only. The universal health coverage has been launched into the Thai health care system since 2001 with the fundamental shift of health care financing into primary care[8]. Consequently, primary care physicians are increasingly placed in the position of treating and caring for all medical problems embracing physical, psychological and social conditions. Therefore, the prescription of psychotropic drugs is an essential initial step to evaluate primary care physicians in treating and caring for psychological disorders.

The present study aimed to determine the prevalence, pattern and ascertain the rational psychotropic drug prescribing by primary care physicians in a university primary care hospital.

Material and Method

Source of data

All patient visits and medication prescribing were entered into the computer database system of the Information Unit, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. All medications prescribed or dispensed through the pharmacies have been recorded electronically since 2002. Records for the patients who visited the out-patient family medicine clinic and for the patients who received psychotropic drugs between August 2004 and January 2005 were reviewed retrospectively.

From 49,786 patient visits during the survey period, 4,499 patients (9.04%) were prescribed psychotropic drugs by attending physicians. The demographic characteristics and psychotropic drugs were retrieved. Through systemic random sampling technique, the pattern and rational drug use from medical records of 575 subjects were analyzed.

Psychotropic drugs

Psychotropic drugs were classified according to the Kaplan & Sadock's comprehensive textbook of psychiatry[9].

Pattern and rational drug use

The pattern and rational of psychotropic drug use were modified from Wells KB et al[1] as follows:

1. Indications: The patient using a psychotropic medication has one of the following:

1.1 the diagnoses were documented according to the 4th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), or International Classification of Diseases 10 (ICD 10), or

1.2 symptoms or signs (or both) of psychiatric distress or disability documented in the medical record, or

1.3 the diagnoses of musculoskeletal disorder of the neck or spine were noted, or

1.4 symptoms or signs (or both) of chronic pain disorder, myalgia, herpetic pain, or migraine noted in the medical record.

2. Long-term prescription: A long-term prescription means the psychotropic drug was prescribed for more than eight consecutive weeks.

3. Out-patient injections: Is there any out-patient injection of psychotropic drugs?

4. Follow-up plans: Follow up plan means a follow up schedule and care plan were made for a patient to document alleviation of previous symptoms and progression of disease as well as any change of drug dosage.

Table 1. Characteristics of patients who received psychotropic drugs from computerized database and medical records

Characteristics	Database		Medical records	
	Number	%	Number	%
Mean age (years) $\pm$ SD	52.05 $\pm$ 15.2		49.5 $\pm$ 15.9	
Age (years)				
< 20	42	0.9	9	1.6
20-29	338	7.5	60	11.5
30-39	599	13.3	85	14.8
40-49	968	21.5	117	20.3
50-59	1,087	24.2	136	23.7
$\geq$ 60	1,465	32.6	162	28.2
Total	4,499	100.0	575	100.0
Sex				
Female	3,391	75.4	427	74.3
Male	1,108	24.6	148	25.7

5. Actual follow-up: The patient using a psychotropic drug actually had their follow- up visit documented in the medical record.

Statistical analysis

The data were expressed by using means with standard deviation (SD) and percentage.

Results

Patient characteristics

49,789 patients aged 15 years and above attended the Out-Patient Clinic, Family Medicine Department during the six months of the study period. The characteristics of 4,499 patients (9.04%) taken from computerized database who received psychotropic drugs and from 575 patients taken from medical records are summarized (Table 1).

Overall pattern of psychotropic drug use

Table 2 shows 6,180 prescriptions of psychotropic drugs among 4,499 patients by drug class (one patient may be prescribed more than one medication). Benzodiazepines were the class of psychotropic drugs mostly prescribed (5,494 of 6,180; 88.9%), followed by antidepressants [comprising tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRI), and other antidepressants (590 of 6,180; 9.5%)]. Antipsychotics group was found to rank lowest (60 of 6,180; 1.1%). Female patients received medication significantly more benzodiazepines and antidepressants than males. Anxiolytic agents mostly prescribed were lorazepam (34.69%), followed by alprazolam (28.67%), diazepam (19.16%), clorazepate (3.32%), and midazolam (1.93%). Lorazepam was used 0.5-1.0 mg/day. Alprazolam was 0.25-1.0 mg/day. Diazepam was 2-10 mg/day. Clorazepate was 5 mg/day. Midazolam was 15 mg/day. The antidepressants mostly prescribed were nortriptyline and imipramine. Monotherapy with one psychotropic drug was found in 498 patients (86.6%). Polypharmacy with two and three drugs were found in 73 (12.7%) and four patients (0.7%) respectively. The combination of two drugs mostly prescribed were intermediate-acting benzodiazepine (such as lorazepam or alprazolam) together with antidepressants (nortriptyrine or imipramine or doxepine) 54.8% (40 of 73 patients), followed by intermediate-acting benzodiazepine (such as lorazepam or alprazolam) together with other intermediate-acting benzodiazepine 19.2% (14 of 73 patients) and intermediate-acting benzodiazepine (such as lorazepam or alprazolam) together with SSRI 19.2% (14 of 73 patients). Most of them (62 of 73; 84.9%) were prescribed for patients under 60 years old. Detail of psychotropic drug combination is illustrated in Table 3.

Table 2. Number (%) of psychotropic drugs prescribing

Psychotropic drugs	Number	%
Benzodiazepine	5,494	88.90
Lorazepam 0.5 -1.0 mg	2,144	34.69
Alprazolam 0.25-1 mg	1,772	28.67
Diazepam 2-10 mg	1,184	19.16
Clorazepate 5 mg	209	3.32
Midazolam 15 mg	119	1.93
Clobazam 5-10 mg	38	0.61
Temazepam 20 mg	16	0.26
Bromazepam 1.5-3 mg	9	0.15
Chlordiazepoxide 5 mg	1	0.02
Flunitrazepam 1-2 mg	6	0.10
Tricyclic antidepressant	521	8.43
Nortriptyline 10-25 mg	414	6.68
Imipramine 25 mg	98	1.59
Doxepin 25 mg	10	0.16
Other sedative-hypnotics	36	0.58
Phenobarbitone 60 mg	30	0.49
Zolpidem 10 mg	6	0.10
SSRI	36	0.58
Sertraline 50 mg	31	0.50
Fluvoxamine 50-100 mg	100	0.04
Paroxetine 20 mg	2	0.03
Fluoxetine 20 mg	1	0.02
Other Anti-depressants	33	0.53
Trazodone 50 mg	12	0.19
Venlafaxine 150 mg	12	0.19
Tianeptine 12.5 mg	8	0.13
Mianserin 10 mg	1	0.02
Antipsychotic	37	0.60
Perphenazine 8 mg	18	0.29
Haloperidol 5 mg	14	0.23
Chlorpromazine 50-100 mg	4	0.06
Fluphenazine 0.5 mg + Nortriptyline 10 mg	1	0.02
Atypical antipsychotic	23	0.37
Risperidone 1-2 mg	12	0.19
Quetiapine 25 mg	6	0.10
Olanzapine 10 mg	3	0.05
Clozapine 25-100 mg	2	0.04
Total	6,180	100.00

Characteristic of rational drug use

Physical and mental health problems

From medical records of 575 patients, physical and mental health problems were analyzed. Mental health problems per se were 124 cases (21.6%). The physical together with mental health problems

Table 3. Details on type of psychotropic drug combinations

Combination of psychotropic drug		
Lorazepam	Alprazolam	
	Alprazolam	Clobazam
	Clobazam	
	Diazepam	
	Chlordiazepoxide	
	Chlordiazepoxide	Doxepin
	Nortriptyrine	
	Imipramine	
	Doxepin	
	Fluvoxamine	
	Fluoxetine	
Alprazolam	Diazepam	
	Diazepam	Zolpidem
	Clorazepate	
	Chlordiazepoxide	
	Nortriptyrine	
	Imipramine	
	Imipramine	Fluoxetine
	Fluoxetine	
	Paroxetine	
	Haloperidol	
Diazepam	Chlordiazepoxide	
	Nortriptyrine	
	Haloperidol	
	Doxepin	
	Fluoxetine	
Clorazepate	Nortriptyrine	
Midazolam	Doxepin	
Nortriptyrine	Chlordiazepoxide	
	Fluoxetine	
Bromazepam	Sertraline	

Table 4. Duration of psychotropic drug prescription (n = 575)

Duration (days)	Number	%
≤ 7	25	4.3
8-14	136	23.7
15-21	108	18.8
22-28	6	1.0
29-56	151	26.3
57-84	52	9.0
85-112	32	5.6
113-140	20	3.5
141-168	12	2.1
≥ 169	33	5.7
Total	575	100.0

Min = 5 days, Max = 180 days, Mean = 45.4 $\pm$ 47.4 days, Mode = 10 days

comprised 125 cases (21.7%). Physical problems per se were 326 cases (56.7%). Among 297 mental health problems (one patient may have more than one problem), there were insomnia (22.6%), tension headache (20.9%), anxiety (19.2%), panic disorder (6.4%), somatoform disorder (6.4%), stress (6.0%), depressive disorder (5.7%), dysthymia (5.1%), hyperventilation syndrome (4.7%), fear of disease (1.0%), conversion disorder (1.0%), schizophrenia (0.7%), and drug abuse (0.3%). Regarding the physical diagnosis, the ten most common diagnosis were hypertension (14.2%), dyslipidemia (13.5%), low back pain (9.8%), dyspepsia (7.2%), diabetes (6.5%), myalgia (6.3%), dizziness (4.0%), osteoarthritis knee (2.9%), migraine (2.4%), and peptic ulcer (2.2%).

Indications

Psychotropic drugs were prescribed as a consequence of the diagnosis of psychiatric illness in 297 patients (51.7%), symptoms or signs of psychiatric distress in 133 patients (23.1%), musculoskeletal disorder of neck or spine in 68 patients (11.8%), chronic pain in 68 patients (11.8%), and undocumented in nine patients (1.6%).

Long-term prescription

Short-term prescription (less than 8 weeks duration) of psychotropic drugs comprised of 74.1%. Long-term prescription (more than 8 weeks) of psychotropic drugs in this study was 25.9%. The duration of psychotropic drug use was ranged from 5 days and 180 days (Table 4).

Out-patient injections

There was no out-patient injection of psychotropic drugs. All of the patients took psychotropic drugs orally.

Follow-up plans and actual follow -up

The follow-up schedule within the abstraction period was made in 425 cases (73.9%). Evaluation and assessment were scheduled according to a patient individualized need for medical care and follow up, which ranged from within 1 week and 24 weeks. The care plan was not written down. An actual return visit was found in 354 of 575 patients (61.6%). Therefore, 71 patients (12.3%) were lost to follow up.

Side effects were not found. The majority of patients (492 of 575; 85.6%) received one psychotropic drug, but 13.7% received two and 0.7% received three drugs. There were 191 cases (33.2%) visiting

the physician regularly. Repeated visit but with irregularity was 161 cases (28.0%). Single visit comprised 221 cases (38.4%). Almost all of the mental health problems (98.3%) were managed in primary care setting. Only eight patients (1.4%) were referred to psychiatrists. These were anxiety, panic disorder, somatoform, tension headache, and complex mental disorders such as acute psychosis including insomnia, drug abuse including insomnia and anxiety, tension headache including insomnia, and tension headache including anxiety. Five patients (0.9%) had concurrent psychiatric problems and were cared for by psychiatrists. These were depression, panic disorder, somatization, and two undocumented records.

Discussion

In the present study, the prevalence of psychotropic drug prescription was 9.04%, which is slightly lower than the average rate of prescription of primary care physicians internationally[3]. Variability in prevalence across countries might be due to cross-cultural differences in psychiatric disorders, health complaints, health beliefs, care seeking behavior and response to diagnostic questions[10]. Psychotropic prescriptions are prevalent in all age groups and are more frequent among female, middle aged to elderly patients with the mean age of 49.5 $\pm$ 15.9 years. Generally, older people suffer from common mental health problems and mental disorders at rates that are similar to their younger, adult counterparts[10]. However, their mental health is influenced by their access to health services[10] where Thai women tend, more than men, to seek medical care. There has been a dramatic change in the patterns of psychotropic drugs use. The greatly expanded use of intermediate-acting benzodiazepines (lorazepam and alprazolam) and reduced use of long-acting benzodiazepines, both diazepam and chlordiazepoxide. Interestingly, a short-acting agent (such as triazolam and oxazepam), long-acting benzodiazepines (such as flurazepam and clonazepam) and non-benzodiazepines[11] have not been prescribed in the present study. The percentage of diazepam prescription was reduced from 90% in 1998[6] to 76.7% in 2006[12]. Nevertheless, the rate was very much higher compared to 19% of the present study. This may be due to differences in the primary care practice settings and methods of survey. Antidepressants and antipsychotics were used less frequently in Family Medicine Out-patient Clinic as compared to Psychiatric Out-patient Clinic[13].

Prescriptions of psychotropic drugs seemed to vary according to gender. Benzodiazepines, antidepressants (both tricyclic and other antidepressants) were prescribed significantly more in females than males. This pattern may reflect differences in mental problems between females and males. The overall prevalence of mental disorders has been to be almost the same for men and women[10]. However, almost all studies show a higher prevalence of depression among women than men, with a ratio of between 1.5:1 and 2:1, as well as higher rates of anxiety and eating disorders[10].

The present data demonstrated that polypharmacy was found in only 13.4%. Nevertheless, international experts advise monotherapy wherever possible[14].

The indications for prescription of psychotropic drugs in ambulatory patients were not only for mental health problems but also for physical problems. Nearly one-fourth (21.7%) suffered from both physical and mental health problems. Mental health and physical health problems are interwoven[10]. Mental disorders can be precursors to physical health problems, or consequences of physical health problems. Mental health problems range from increased stress and worry about the illness to disrupted family or work life. Mental disorders such as depression and anxiety frequently coexist with physical health problems[10] such as hypertension[15], diabetes[16,17] and dyspepsia[18].

Among mental health problems, nearly a quarter (23.1%) showed considerable under diagnosis, therefore, treatment was prescribed by psychological symptoms and/or signs. Sleeping pills are usually requested for insomnia without specific diagnosis because patients experienced beneficial and low risk on long-term use[19]. The limitation of diagnosis may be due to inadequate knowledge base and awareness of psychiatric diagnosis, or the complexity of communicating issue, coexist physical and mental health conditions, and consultation length (8-9 minutes or less per patient). It would be required at least one long consultation or more than one consultation to assess adequately.

Only 1.4% of patients were referred to specialists. The specific decisions on when to treat patients within primary care, versus when to refer them for more specialized care, will depend on the skills and experience of the primary care physicians, as well as the resources that are available for referral and patients condition[10]. Adult patients should be referred where the patient is displaying signs of suicidal intent or risk of harm to others, so disabled or on patient demand. They should be referred[10] when primary care physician requires the expertise of secondary

care to confirm diagnosis or implement specialist treatment[20,21] such as cognitive behavior therapy, or particular psychotropic medication as well.

Conclusion

The present study has illustrated the prevalence, pattern and rational use of psychotropic medications in a primary care of a tertiary hospital. The prescriptions of psychotropic drugs are prevalent in all age groups but are more frequent among female, middle aged to elderly. Intermediate-acting benzodiazepines (lorazepam, alprazolam) and long-acting benzodiazepines (diazepam) were the most commonly prescribed drugs. They were prescribed not only for mental disorders, but also for musculoskeletal and chronic pain disorders. A quarter of patients received psychotropic drugs without diagnosis and long-term medications. Some patients were put on psychotropic drugs combination. To optimize patient outcomes, diagnosis should be encouraged, long-term use and polypharmacy should be minimized. Finally, the quality and appropriateness of prescribing medication should be the subject of future research and practice.

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การใช้ยาจิตเวชในผู้ป่วยนอก ภาควิชาเวชศาสตร์ครอบครัว

สมจิต พฤกษะริตานนท์, สายสุนีย์ ทับทิมเทศ, ธราธิป พุ่มกำพล, จักรกฤษณ์ สุขยิ่ง

***ภูมิหลัง**: การใช้ยาจิตเวชเป็นส่วนหนึ่งในการดูแลปัญหาสุขภาพจิตซึ่งเป็นบทบาทที่สำคัญของแพทย์ที่ให้การบริการในระดับปฐมภูมิ*

***วัตถุประสงค์**: เพื่อศึกษาความชุก รูปแบบการใช้ยา และประเมินการสั่งยาจิตเวชของแพทย์ปฐมภูมิในสถานบริการระดับตติยภูมิ*

***วัสดุและวิธีการ**: การศึกษาย้อนหลังโดยการวิเคราะห์ข้อมูลการสั่งยาจากฐานข้อมูลผู้ป่วยที่มีอายุตั้งแต่ 15 ปีขึ้นไป จำนวน 4,499 ราย ในช่วง 1 สิงหาคม พ.ศ. 2547 - 31 มกราคม พ.ศ. 2548 และทบทวนการสั่งยาจิตเวชในเวชระเบียนของผู้ป่วยจำนวน 575 ราย ที่ได้จากการสุ่มตัวอย่างอย่างเป็นระบบ*

***ผลการศึกษา**: พบอัตราการใช้ยาจิตเวชร้อยละ 9.04 อัตราการใช้ยาจิตเวชเพิ่มขึ้นแปรผันตามอายุของผู้ป่วยที่เพิ่มขึ้น และพบบ่อยในสตรี benzodiazepines เป็นยาที่มีการใช้มากที่สุดถึงร้อยละ 88.9 รองลงมาเป็นยาในกลุ่ม anti-depressants ร้อยละ 9.5 และ antipsychotics เพียงร้อยละ 1.1 ยาที่ใช้บ่อย 3 อันดับแรก ได้แก่ lorazepam และ alprazolam (กลุ่ม intermediate-acting benzodiazepines) และ diazepam (กลุ่ม long-acting benzodiazepines) ร้อยละ 34.7, 28.7, และ 19.2 ตามลำดับ มีการใช้ยาหลายตัวร่วมกันร้อยละ 13.4 มีการใช้ยาเพื่อรักษาภาวะทางจิตเวชร้อยละ 74.8 (แบ่งเป็นการให้ยารักษาตามการวินิจฉัยโรคร้อยละ 51.7 และให้ยารักษาตามอาการ/อาการแสดงร้อยละ 23.1) ปัญหากระดูกและกล้ามเนื้อร้อยละ 11.8 กลุ่มอาการปวดเรื้อรังร้อยละ11.8 และไม่มีการบันทึกข้อมูลร้อยละ 1.6 พบโรคทางจิตเวชอย่างเดียวร้อยละ 21.6 พบโรคทางกายอย่างเดียวร้อยละ 56.7 และพบโรคทางจิตเวชร่วมกับโรคทางกายร้อยละ 21.7 โรคทางจิตเวชที่พบบ่อย ได้แก่ insomnia, tension headache และ anxiety ส่วนการวินิจฉัยทางกายที่พบบ่อยได้แก่ ความดันโลหิตสูง ไขมันในเลือดสูง และปวดหลัง การใช้ยาจิตเวชต่อเนื่องระยะยาวตั้งแต่ 2 เดือนขึ้นไปพบร้อยละ 25.9 มีการนัดติดตามผลการรักษาตั้งแต่ภายใน 1 สัปดาห์ ถึง 24 สัปดาห์ มีการนัดผู้ป่วยร้อยละ 73.9 โดยผู้ป่วยกลับมารับการรักษาร้อยละ 61.6 มีผู้ป่วย ไม่กลับมารักษาตามนัดร้อยละ 12.3*

***สรุป**: การศึกษานี้แสดงให้เห็นถึงอุบัติการณ์ รูปแบบ และเหตุผลการใช้ยาจิตเวชในเวชปฏิบัติปฐมภูมิของโรงพยาบาลระดับตติยภูมิ มีการสั่งยา intermediate-acting benzodiazepines มากที่สุด ซึ่งนอกจากจะใช้รักษาปัญหาทางจิตเวชแล้วยังใช้ในผู้ป่วยที่มีปัญหาความผิดปกติด้านกระดูกและกล้ามเนื้อ และผู้ที่มีอาการปวด หนึ่งในสี่ของผู้ป่วยได้รับยาตามอาการและมีการใช้ยาอย่างต่อเนื่อง มีเพียงส่วนน้อยที่ใช้ยาหลายตัวร่วมกัน การจะให้ได้ประโยชน์สูงสุดในการรักษา ควรมีการระบุการวินิจฉัยโรคและพิจารณาการใช้ยาต่อเนื่องระยะยาว รวมทั้งการระมัดระวังการใช้ยาจิตเวชหลายตัวร่วมกัน ดังนั้นจึงควรมีการศึกษาเพิ่มเติมด้านคุณภาพการใช้ยาตามการวินิจฉัยอย่างเหมาะสมในอนาคต*