

ANTIPSYCHOTIC PRESCRIPTION FOR NON PSYCHOTIC ILLNESSES IN A COMMUNITY MENTAL HEALTH RESOURCE CENTRE

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INTRODUCTION

Antipsychotic drugs are also known as “neuroleptics” and perhaps misleadingly as “major tranquilizers”. Antipsychotic drugs generally tranquilize without impairing consciousness but they should not be regarded merely as tranquilizers¹. This class of drugs are used to treat schizophrenia and other psychotic illnesses. A study of second generation antipsychotics reported that over 70% of prescriptions were for conditions other than schizophrenia². A further study³ of second generation antipsychotics found that there were few controlled trials which examined antipsychotic use for conditions other than schizophrenia. They found ‘off- label’ use of these compounds for disorders including dementia, depression and obsessive compulsive disorder and antipsychotic drugs are not licensed for the treatment of non-psychotic illnesses.

The study was conducted at a community mental health team, based at Wishaw resource centre in Lanarkshire (Scotland). The population of this area is approximately 40,000 and is a mix of mainly urban areas with significant socio economic deprivation compared with other parts of the UK. This community mental health team provides a service for patients with chronic and enduring mental illnesses between the ages of 16 to 65 years. It offers psychiatric outpatient clinics, occupational therapy, psychology, medical, nursing and social work services. We aimed to conduct a study of patients who were on an active outpatient caseload and were prescribed antipsychotic medications for non psychotic illnesses. This was to examine the prevalence of such prescriptions in relation to the literature available at the time^{2,3}.

SUBJECTS AND METHODS

Demographic, clinical and medication data of all patients attending the community mental health team between 1st of September 2002 and 30th of September 2002 was collected by manual exploration of case notes. Information extracted included gender, age, diagnosis, medication prescribed, dosages and chlorpromazine equivalence as per Maudsley prescribing guidelines⁴.

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RESULTS

The total number of patients attending out patient clinics was 152. Out of these, 90 patients (59%) were prescribed antipsychotic medication. Patients with psychotic symptoms were excluded from this study. The age distribution is shown in Figure 1. According to diagnostic analysis, 71 patients (47%) had a diagnosis of non-psychotic disorders (32 male and 39 females). Out of these, 34 patients (48%) were diagnosed with depression, 14 (20%) with anxiety, 8 (11%) with mixed anxiety and depression and 15 patients (21%) were diagnosed with other non-psychotic disorders (Figure 2). Out of 71 patients with non-psychotic disorders, 20 patients (29%) were prescribed antipsychotic medication (Figure 3). Of these 20, 11 patients were male and 9 were female. The average antipsychotic dose was 382.5 mg of chlorpromazine equivalent (male average dose=361mg and female average dose=400 mg). Two patients were prescribed more than 100% BNF limits.

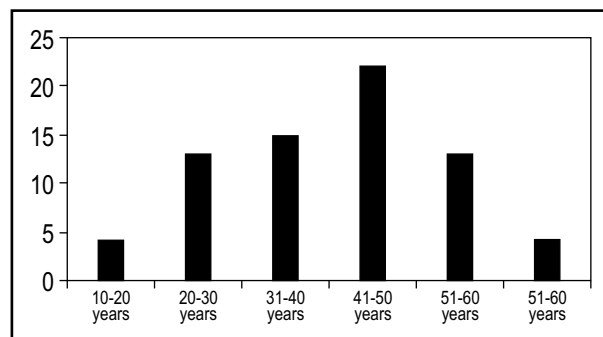


Fig. 1: Age Distribution

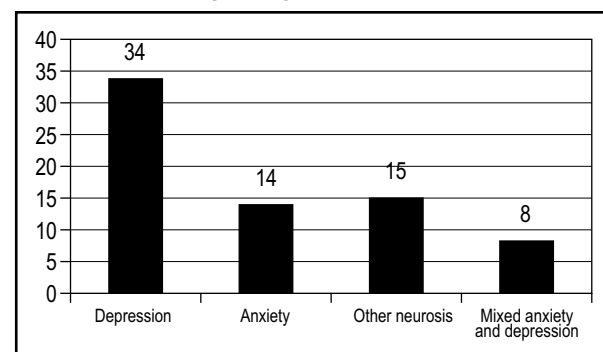


Fig. 2: Diagnosis distribution of patients with neurotic illnesses

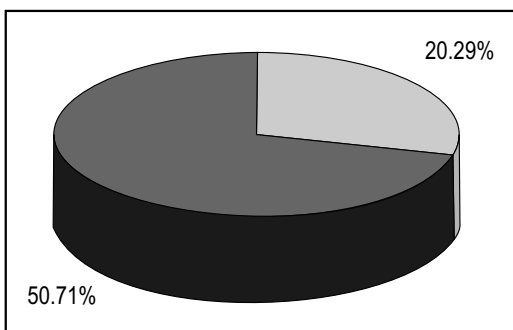


Fig. 3: Prescription of Antipsychotic Medication

DISCUSSION

Almost one-third of patients with non-psychotic illnesses, were prescribed antipsychotic medications. They were prescribed a substantial dose of antipsychotics i.e. 382.5 mg of chlorpromazine equivalent. Female patients were prescribed slightly higher doses and two patients were prescribed more than 100% British National Formulary recommended limits¹. This could potentially expose these patients to risk of adverse reactions. Antipsychotic medications are associated with a wide range of side effects including weight gain, diabetes, hyperlipidemia, extra pyramidal side effects and tardive dyskinesia. Some of these adverse effects are severe which impact patient's quality of life⁵. Fontaine et al⁶ calculated increased morbidity and mortality from hypertension and diabetes among patients treated with atypical antipsychotics. For a number of patients these adverse effects can cause even greater level of distress than the symptoms of illness⁷.

Jeste and Dolder⁸ reviewed the published literature examining antipsychotics in disorders other than schizophrenia. They concluded that there was lack of good quality literature in this area making it difficult to draw definitive conclusions about their efficacy in such non-psychotic conditions.

Antipsychotic medications are approved for treatment of schizophrenia and are not approved for use in

non-psychotic illnesses. Thus their use in such conditions is 'off-label'. Jeste and Dolder⁸ argued that using antipsychotics especially for 'off-label' uses is lacking in supportive data. However, the risk of long term side effects and the possibility of increased adverse effects as a result of treatment with multiple psychotropics must be balanced with clinical benefits. Further research is required to examine efficacy and safety of antipsychotic medication prescription in non psychotic illnesses and to study optimal dosages of antipsychotics in these disorders. Until clear evidence becomes available it is proposed that 'off-label' antipsychotic medication should only be prescribed with caution for treatment of non psychotic disorders to prevent the risk of exposure of patients to dangerous side effects.

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