

## Prescription Trends in Schizophrenia and Manic Depressive Psychosis

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### Abstract

The prospective study was carried out by collecting and evaluating prescriptions trends in schizophrenia and manic depressive psychosis in Outpatient in Government Psychiatry Hospital, Jammu. The present study indicated nitrazepam & parkinforte (Trifluoperazine + chlorpromazine + Trihexphenidyl) to be the most preferred drug for treatment of schizophrenia whereas nitrazepam and lithium for manic depressive psychosis. The present study suggests that prescriptions of our hospital are rational and includes drug therapy as per standard treatment guidelines (2002) of WHO.

### Key words

Prescription trends, Typical and atypical antipsychotics, MDP, Schizophrenia

### Introduction

Schizophrenia and manic depressive psychosis is a chronic mental disorder affecting up to 3-5 in every 1000 people with a life time prevalence of about 1% across all the cultures (1). Numerous antipsychotics, antidepressants and sedatives are available in the market. Use of chlorpromazine (phenothiazine) in schizophrenic patients was discovered through the acute observations made by a French surgeon Laborit in 1947 (2). Since then schizophrenia has been treated with well established antipsychotics which are often referred to as classical or typical antipsychotics (e.g chlorpromazine, haloperidol, fluphenazine, thioridazine, flupenthixol, clopenthixol). These drugs are effective in patients having acute florid positive symptoms. Recent development of atypical neuroleptics causes less incidence of extrapyramidal side effects, effective in treatment of resistant group of schizophrenic patients, effective against both positive & negative symptoms and has better receptor profile (2).

However, the major disorder of mood includes the syndrome of major depression & bipolar disorder

(manic depressive psychosis). Bipolar disorder is marked by recurrence of severe depression & manic excitement often with psychotic features (3). At present lithium is used as prophylactic drug in MDP. Now a days use of antiepileptics like carbamazepine and valproate have emerged as alternatives to lithium.

Terrorism erodes a sense of security and safety at both the individual and community level. Studies have shown that deliberate violence creates longer lasting mental health effects than natural disasters or accidents. (4,5). Jammu and Kashmir has been affected by militancy since more than a decade. Many families have been affected directly or indirectly by its cruel hands irrespective of age, cast, sex or religion. Recently rising number of psychiatric patients recorded in Jammu Psychiatry Hospital associated with Jammu Medical College was the cause of interest to study trends of prescriptions in Psychiatry Hospital. Moreover, hardly any Indian study of prescriptions has looked at this aspect. Hence, the present study was carried out to reveal

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prescription trends in schizophrenia and manic depressive psychosis for outpatients in Government Psychiatry Hospital, Jammu.

**Material and Methods**

The prospective study was done in the Post Graduate Department of Pharmacology & Therapeutics in collaboration with Department of Psychiatry of Government Medical College Jammu w.e.f Jan 2004 to June 2004. A total number of 270 treatment records of outpatients of only clinically diagnosed schizophrenia and manic depressive psychosis in total sixty different O.P.D days were collected from the attendant/patients. After noting down the required parameters, prescriptions were returned back. The prescriptions were analyzed for following parameters; age, gender of patient, drugs prescribed, number of drugs prescribed per prescription, drugs prescribed in combination, mentioning of doses and duration of therapy. No questionnaire was asked from the attendant/patient.

**Results**

After analyzing 270 prescriptions it was found that 220 prescriptions, were of schizophrenia & 50 patients were of manic depressive psychosis respectively. The average age was 50 years and males (62%) were more in number than females (38%). The drugs were prescribed to these patients for an average period of 15 days. In schizophrenic prescriptions, about 14 different drug combinations were seen where typical or atypical antipsychotics along with anticholinergic & sedatives were prescribed. Similarly in MDP, 7 different drug combinations were seen where lithium along with carbamazepine/sodium valporate/chlorpromazine/dothepin was prescribed.

Similarly for MDP patients, the preferred prescription was lithium 900mg along with carbamazepine 600mg and nitrazepam 10mg. Table 3 show that nitrazepam was prescribed maximally i.e 85.5% and antipsychotic in combination (TFP+ THP+CPZ) in 45.4% of patients. In MDP, again the nitrazepam was prescribed maximum i.e 68% and lithium in 60% of patients. The present study suggests that prescriptions are rational and include drug therapy as per standard treatment guidelines of WHO (6).

Table 1. Prescriptions of patients suffering from schizophrenia  
Drug combination (n)

Parkinforte + Nitrazepam	50
Parkinforte + Quietapine + Nitrazepam	30
Haloperidol + CPZ + Nitrazepam	24
Quietapine + Nitrazepam	22
Parkinforte + CPZ + Nitrazepam	20
Haloperidol + Nitrazepam	12
Clozapine + CPZ + Nitrazepam	12
Haloperidol + CPZ + Quietapine	10
CPZ + Nitrazepam	10
Quietapine	08
Olanzapine + Nitrazepam	08
THP + TFP + Quietapine	06
Olanzapine + CPZ	04
Risperidone + THP + TFP	04

Table 2. Prescriptions of patients suffering from MDP  
Drug combination (n)

Lithium + Carbamazepine + Nitrazepam	10
Lithium + Sodium Valporate	08
Parkinforte + Olanzapine	08
Dothiepin + Nitrazepam	08
Lithium + Nitrazepam	04
Lithium + Dothiepin + Nitrazepam	04
Lithium + CPZ + Nitrazepam	04

- n, represents the no. of prescription containing the prescribed drugs

Table 3. Prescription trends in treatment of schizophrenia

Total no. of prescription studied		250
Average no. of drugs per prescription		2.2
Incidence of prescribed drugs in total prescription studied		
Drugs	(n)	(%)
Nitrazepam	198	85.5%
Parkinforte(TFP + THP +CPZ)	100	45.4%
CPZ	80	36.3%
Quietapine	76	34.5%
Haloperidol	46	20.9%
Clozapine	12	5.45%
Olanzapine	12	5.45%
Trihexphenydil	10	4.55%
Trifluperazine	10	4.55%
Risperidone	04	1.8%

Note: - n, represents no. of prescription found containing the prescribed drugs  
- %, represents incidence of prescription containing the prescribed drugs  
- drugs repeated in many prescription

Table 4. Prescription Trends In Treatment of MDP

Total no. of prescription studied	50	
Average no. of drugs per prescription	1.6	
Incidence of prescribed drugs in total prescription studied		
Drugs	(n)	(%)
Nitrazepam	34	68%
Lithium	30	60%
Dothiepin	12	24%
Carbamazepine	10	20%
CPZ	08	16%
Sodium Valporate	08	16%

Note: - n, represents no. of prescription found containing the prescribed drugs  
 - %, represents incidence of prescription containing the prescribed drugs  
 - drugs repeated in many prescription

### Discussion

The above data reflected that use of an antipsychotic with anticholinergic & sedative is preferred prescription in schizophrenic patients. Present prescriptions were in accordance with the Standard treatment guideline (2002) as per WHO India programme on essential drugs, according to which haloperidol 5-10 mg/day or CPZ 300mg/day or TFP 15 mg/day, risperidone 4 mg/day alone with THP 2 mg and nitrazepam/diazepam 5-10 mg are recommended for use in schizophrenic patients. It also shows that use of typical or classical antipsychotics are more as compared to atypical neuroleptics (olanzapine, clozapine, risperidone, sertindole, quietapine).

In MDP psychiatrists are also following the Standard treatment guide- line (2002) where during phase of depression tricyclic antidepressants & prophylactically lithium carbonate 900-1200 mg/day,

carbamazepine 600-1200mg/day sodium valporate 600-1500 mg/day are prescribed.

It has been seen that the preferred drug in the psychiatric disease hospital of Government Medical College Jammu depends on the availability of the drugs in the hospital pharmacy CPZ, parkinforte, lithium carbonate, carbamazepine, nitrazepam are the only drugs on hospital schedule where as newer ones or atypical neuroleptics were prescribed only in those patients who could afford. So it is very important for the psychiatrists to analyze rationally the hard facts of clinical data & select the preferred drug carefully as to provide maximum benefit to the patients in controlling their symptoms.

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