VIEW POINT

PSYCHIATRISTS' PRESCRIPTIONS

Poduri Gopala Sarma
RTD Prof & HOD of Psychiatry, Consultant Psychiatrist, Yashoda Super specialty Hospital, Nalgonda Roads, Malakpet, Hyderabad-500 036,Telangana

ABSTRACT

A look at psychiatrists' prescriptions that one comes across during practice reveals many omissions and commissions. Apart from polypharmacy, prescriber's data leaves much to be desired. Difficulty in deciphering prescribed drug names by another psychiatrist due to handwriting problem and plethora of trade names is common. Generic names in prescription are non-existent. Instructions to pharmacist about refill and patient about review are missing in most. Computerization of prescriptions in a standardised format to a large extent may minimize preventable errors and consequent problems apart from reducing over and indefinite dispensing and use

Keywords: Psychiatrist; Prescription; Validity; Generic names; Computerization

Prescription is not a simple piece of paper. Each prescription can show many things like the orientation, attitude, personality, etc., of the prescriber. In addition, prescription means different things to different stakeholders involved. It is a passport for a cure to the patient; drug to be dispensed to a pharmacist; income to pharma companies and their various agents; tax to the exchequer; fodder for the researcher; art to be passed on to student trainee; livelihood, immense challenge and satisfaction to the prescriber. Further there are legal, ethical, statutory aspects to a prescription. Hence there are various requirements to a prescription.

Prescription is a legal document governed by various laws of the land like The Indian Medical Council Act, 1956; The Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002; The Drugs and Cosmetics Act, 1940 and Rules 1945; The Pharmacy Act, 1948; The Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules 1987; Drugs (Price Control) Order, 1995 and The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules 1955[1].

Prescription is a combination of Superscription, Inscription, Subscription and signature[2]. The prescription should start with date of prescription followed by name, qualifications (Even though MBBS is a must for MD, it was to be written as other medical systems like Ayurveda, Homeopathy, etc., also award MD), registration details (Regd. No. is necessary to know the status of the doctor), address (Address and phone No. are needed for the pharmacist to contact if needed for clarification and to know the authenticity of the prescription) of the prescriber. This should be followed by name, age, sex (Sex and age helps to find out mistakes in prescriptions and mistakes in dose by oversight) and address of the patient (For contacting the patient by the pharmacy if any discrepancy occurs) with the symbol Rx (Recipe / Take as advised). Then the drug part comes. It should contain name of the drug (Generic as far as possible) with strength and dosing schedule all of course correctly spelled in a legible manner and in capital letters. Then follows instructions to the pharmacist to refill or not and to patient how long to take the medicine and when to come for review. This should be signed by the prescriber with date (As the prescriber might sign at a later time than a print out, prepared by an assistant).@MCI (MCI Code of Ethics) stipulate that as far as possible generic names should be used[3]. All the prescribed medicines should have proper doses & instruction. Follow-up date should be clearly mentioned. It should always bear the signature, name, seal & registration number of the doctor. One should not write prescriptions in secret formulae[4]. Recently MCI recommended to government to issue orders for a new prescription format[5].

A pharmacist cannot substitute a drug without permission of the prescriber. It is the duty of the pharmacist to bring to the notice of the prescriber any discrepancy- in dose, repetition, possible interactions, etc.[6] There were various studies from India analysing prescriptions along various aspects, most reported deficiencies-minor to gross either in information of

Address for Correspondence:
Dr. Poduri Gopala Sarma
501, Highlight Haveli, Street No.6, Habitude
Hyderabad-500 007
Telangana, India
Mobile: 9440994416, 8179136510
E-mail: gopalasarmapoduri@yahoo.com

prescriber; patient; schedule of drugs to be taken; dose; duration of treatment, etc.[7-14]

In day to day practice one comes across many prescriptions, including that of fellow psychiatrists. Most of the prescriptions fall foul in some or other aspect / area. Defective prescriptions can at best be ineffective and at worst damaging. Psychopharmacology is exploding and newer drugs are introduced frequently into the market. With the increase in molecules and companies that produce them increasing enormously, the scope for mistakes increases. For example as per Medindia[15] there are fifteen brands producing forty-four trade names (different strengths) of Amisulpride; twenty brands producing fifty-one trade names (different strengths) of Clozapine; fifty-eight brands producing one ninety three trade names (different strengths) of Haloperidol. Fortunately not all brands and strengths are available all over India. Even though of same strength, one experiences the efficacy of drug is different between various companies. This is due to manufacturing practices, procedures, etc., leading to bioavailability difference. Individual doctors have their own ranking among these drugs by potency based on experience. Basing on that, apart from other considerations, one writes the trade name. Generally trade names are a combination of that molecule and company for ease of remembering by the prescriber. As the number of drugs and companies producing and marketing them increase the difference in name will be marginal and that of one or two alphabets. A misspell can lead to disaster if an entirely different molecule is dispensed. The author has seen a case damaged by mistaken administration of an anti-diabetic drug (Dao nil) instead of an antacid (Diovol).

Apart from WHO[16], almost all countries have guidelines of prescriptions[17-18].

Some Psychiatrists mention the institution from where they obtained the MD in capitals separately instead of in brackets. This gives the impression that it is a separate degree. Some were not averse to print Ex-consultant of big institutions while they were actually residents during PG time there. Some psychiatrists write their affiliations, while giving prescriptions in their private clinics. Some prescriptions contain the status as Consultant Neuropsychiatrist. As per existing rules, MCI nowhere mentions it and there is no recognized university in India that awards a degree or diploma that mentions neuropsychiatry. This label of Neuropsychiatrist no doubt lessens the stigma for psychiatric consultation, but legally how far it is tenable is a moot question. Some mention Fellowships which are little known or unknown even to some psychiatrists. All these may impress the patient and attendants, but do they have legal status or are they necessary?

Most of the psychiatry prescriptions mention symptoms, diagnosis in the prescription. This violates the confidentiality of the patient.

Some Psychiatric prescriptions mention that the prescription is not valid for medico-legal matters. This is contrary to the provision that every prescription that was given is a legal document in cases of dispute.

Some of the prescriptions do not mention how long the drugs should be taken and when to take the drugs. Most of the patients stop psychiatry drugs when they take treatment for other ailments. This needs to be clarified in the prescription. Oral instructions are no justification. Newly started Anti-hypertensive was stopped by some patients as they were told by their doctor while starting them that due to tension they had BP. So when psychiatric drugs were prescribed they thought there was no need for anti-hypertensive drugs. Most of the prescriptions do not mention when the patient should come for review. Poly-pharmacy seems rampant in psychiatry. This may be due to changing pattern of disease manifestation, blurring of indications for drugs, patients and attendants wanting quick response leading to shotgun therapy response, increasing cases of co-morbidity, mismatch between high expectations and lesser response, etc. Poly-pharmacy may be unavoidable in psychiatry but too many drugs by way of two or more each of anti-psychotics, anti-depressants, mood stabilizers and sedatives combinations is not a healthy practice

Even writing of drugs in capitals is no remedy as some prescriptions in capitals looked like Greek and Latin.

Generally generic names are not prescribed by Psychiatrist. In the present circumstances, it would be ideal to mention generic names apart from trade names in view of minor differences in proprietary names of different drugs-for example Serlift and Sirilept which are entirely different molecules. Further some companies are limited to some areas only and not known to all psychiatrists. So a patient carrying such a prescription from some parts of the country, without a generic name, becomes meaningless in other parts.

The causes and ills of defective prescriptions are many. Errors involving prescription medications include death and gross financial costs of drug related morbidity and mortality[19]. Some of the reasons for defective prescriptions include work pressure, illegible handwriting, drug name confusion, defective communication to assisting staff, etc.

Sadly most of the prescriptions are not valid. Valid implies having legal force/ founded on truth or fact: capable of being justified or defended as per Merriam-Webster dictionary. With increased travel outside the

country and carrying of medicines to other countries, prescriptions are no more confined to local areas. There is a need for standardisation of prescriptions of psychiatrists. With ever increasing molecules; more geriatric cases on treatment for concurrent physical and life-style diseases, knowledge explosion, easy internet access, increasing awareness of rights, etc., soft-ware that alerts the psychiatrist about the omissions and commissions in the prescription (that can be updated for newer molecules) should be encouraged. This cannot be a substitute for clinical drug judgment but can only be a supplement. Psychiatrists should be cautious about the prescriptions they give lest they compromise the confidentiality.

Acknowledgements: Nil

Conflict of interest: None declared

Source(s) of support: Nil

REFERENCES

1. Prescription Guidelines Booklet. Guidelines for Prescription. Writing and Handling of Prescriptions and Prescription Medicines. A Stakeholders' Initiative – Goa. Available from: dfda.goa.gov.in/.../prescription_guidelines_booklet_for_doctors_pharma.
2. Prescription Writing and the PDR - LSU Health Shreveport. Available from: www.sh.lsuhsc.edu/fammed/OutpatientManual/PrescripWriting-PDR.htm.
3. www.indiamedicaltimes.com/.../mci-directs-doctors-to-prescribe-drugs-w.
4. Gorea RK. Legal Aspects of General Practice. JIAFM. 2005;27:67-70. Available from: medind.nic.in/jal/t05/i2/jalt05i2p67.pd.
5. MCI issues new prescription format for doctors to ensure. www.pharmabiz.com/NewsDetails.aspx?aid=86451&sid=2.
6. Good Pharmacy Practice Guidelines - Indian. www.ipapharma.org/html/GPP_Guidelines_IPA2002.pdf.
7. Banerjee I, Bhadury T. Prescribing pattern of interns in a primary health centre in India. J Basic Clin Pharm. 2014; 5:40-3. Doi: 10.4103/0976-0105.134980.
8. Jain A, Rastogi P. Doctor, is your writing legible? Indian J Med Ethics. 2009; 6:42. PMID: 19241957.
9. Patel V, Vaidya R, Naik D, Borker P. Irrational drug use in India: a prescription survey from Goa. J Postgrad Med. 2005; 51:9-12.
10. Biswas NR, Jindal S, Siddiquei MM, Maini R. Patterns of prescription and drug use in ophthalmology in a tertiary hospital in Delhi. Br J Clin Pharmacol. 2001; 51:267-9. PMCID: PMC2015021. PMID: 11298073.
11. Thawani V, Motghare V, Purwar MB, Pagare A. Drug utilization in indoor ANC patients of Govt Medical College Hospital, Nagpur. J Acad Hosp Adm. 1997; 9:49-51. PMID: 10538178.
12. Kumari R, Idris MZ, Bhushan V, Khanna A, Agrawal M, Singh SK. Assessment of prescription pattern at the public health facilities of Lucknow district. Indian J Pharmacol. 2008; 40:243-7. PMC3025139.
13. Ashish Nair, Mona Srivastava. Prescription Errors in Psychiatry. Internet Journal of Medical Update. 2013; 8:70-8. Journal home page: http://www.akspublication.com/ijmu.
14. Jhanjee A, Bhatia MS, Oberoi A, Srivastava S. Medication errors in psychiatric practice —A Cross-sectional Study. Delhi Psychiatry Journal.2012; 15:5-13. [PDF]Medication errors in psychiatric practice — A Cross ... medind.nic.in/daa/t12/i1/daat12i1p5.pdf.
15. www.medindia.net/drug-price/.
16. The Guide to Good Prescribing. Geneva: WHO; 1994. Available from: apps.who.int/medicinedocs/pdf/whozip23e/whozip23e.pdf.
17. Arnet, Hersberger KE. [Guide to perfect prescribing in Switzerland]. Ther Umsch. 2014; 71: 324-34. Doi: 10.1024/0040-5930/a000520. Review. German. PMID: 24867347.
18. British National Formulary (BNF). Available from: www.bnf.org.uk.
19. Grissinger MC, Kelly K. reducing the risk of medication errors in women. J Women's Health (Larchmt). 2005; 14:61-7. PMID: 15692279. Available from: www.ncbi.nlm.nih.gov/pubmed/15692279.

How to cite the article: Gopal Sarma P. Psychiatrists' Prescriptions. TJP 2015; 1(1): 21-23.