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LETTER TO THE EDITOR

**PRESCRIBER'S NIGHTMARE**

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Dear Sir,

I like to express my concern about the not to healthy state of affairs in respect of psychopharmacological drugs in our country.

The final test of my drug's usefulness is how consistently it exhibits its virtues and limitations in clinical practice over a period of time. This requires its use in clinical practice on the strength of its performance in controlled clinical trials. But, there are five to twelve proprietary preparations in our country for each of the common psychopharmacological drugs to choose from.

23 common drugs are available under 157 proprietary names. 5 of them have 12 or more preparations each (viz: Trifluoperazine), and 5 have five preparation each (viz: Doxepin, Pimozide).

The prescriber's first problem is : On what basis to make the choice? On the basis of the established name of the company? On the basis of the retail price of the drug? In the recent past, the drug were required to be prescribed by their pharmacological name, with the prescribing doctor having the option to mention the company's name alongside. For many reasons, this practice did not catch on. One of the principle reason was the patient's confusion, anxiety and doubt about the brand-name dispensed by the chemist, the patient running back to the doctor for specific advise. Consequently, the old practice of prescribing by brand-name has crept back.

The prescriber's next problem, is the confusing nomenclature of the various drugs by different companies. The notorious illegibility of the doctor's handwriting adds a dangerous dimensions to this problem. The confusion in nomenclature is in the similar sounding names, and even worse, similar pattern of spelling. For example :

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|--------------------------------|---------------------------|
| (1) Relicalm (Trifluoperazine) | (2) Seradol (Haloperidol) |
| Relinase (Haloperidol)         | Seridac (Mianserin)       |
| Relitil (Chlorpromazine)       | Serodep (Trazadone)       |
| Restamine (Imipramine)         | Serotena (Amitriptyline)  |
| Restyl (Alprazolam)            |                           |

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| (3) Elcion (Diazepam)       | (4) Prazep (Imipramine)           |
| Elewal (Doxepine)           | Prodep (Fluoxetine)               |
| Eliwel (Amitriptyline)      | Prolinate (Flufenazine deconoate) |
| Emetil (Chlorpromazine)     | Prothiaden (Dothiepin)            |
| (5) Melozine (Trioridazine) | (6) Depidol (Haloperidol)         |
| Mezatil (Chlorpromazine)    | Depryl (Trazadone)                |
| Mazetol (Carbamezapine)     | Depsol (Imipramine)               |
| (7) Anxit (Alprazolam)      | (8) Flumap (Penfluridol)          |
| Anxol (Diazepam)            | Flunil (Fluoxetine)               |
| Anxipar (Buspiron)          | Fluraz (Flurazepam)               |
| Anxipax (Alprazolam)        |                                   |

I do not know for certain if mis-dispensing takes place, but, I very much suspect that it does take place. Here, the magnitude of such a possibility is not important, but the very possibility demands utmost concern.

I suggest one or many of the following remedial measures :

(1) In mutual consultation with each other, the pharmaceutical companies (a) restrict the number of each one of their psychopharmacological drugs to 3 or 4; (b) re-name their products in such a way that in spelling and pronunciation, the names are distinct from other; (c) re-organise their marketing such that in any state, a psycho-pharmacological drug is represented by not more than three companies.

(2) The Government directs/monitors the pharmaceutical companies to pursue the above or even better policies.

I believe that this issue warrants the urgent attention of the Indian Psychiatric Society, so that it may take-up the matter with both the pharmaceutical companies and the Government.

Yours sincerely,

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