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ANTIPSYCHOTIC AND ANTICHOLINERGIC DRUG PRESCRIBING PATTERN IN PSYCHIATRY:IMPLICATIONS FOR EVIDENCE - BASED PRACTICE

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Objectives: To determine the antipsychotic prescribing pattern and the prevalence of concurrent anticholinergic prescribing for patients with psychotic disorders.

Methods: A retrospective audit of prescriptions issued for outpatients at the Psychiatric Hospital in Bahrain.

Results: Antipsychotic monotherapy was prescribed for 89.2% patients, whereas polytherapy with two- and three- drugs in 10.4 and 0.4%, respectively. Atypical antipsychotics were prescribed more often (67.7%) than typical antipsychotics. Risperidone and haloperidol were the most frequently prescribed antipsychotics. Majority of the study population (93.2%) were prescribed an oral antipsychotic, whereas 3.1% each were on depot preparation or on depot plus an oral antipsychotic. Long-acting risperidone injection was the only depot preparation prescribed. The mean antipsychotic dose expressed as chlorpromazine equivalents (CPZeq; mg/day) was 242 (220 for monotherapy and 414 for polytherapy). The prevalence of high dose antipsychotic (mean CPZeq>1000mg/day) was 1.8%, prescribed at a mean CPZeq dose of 1531 (1925 for monotherapy and 1137 for polytherapy) mainly attributed to haloperidol. Anticholinergics were co-prescribed for almost two third of patients receiving antipsychotics, particularly for those on polytherapy (monotherapy 57.3%; polytherapy 87.5%). Antipsychotic polytherapy, high dose of antipsychotics and co-prescription of an oral with a depot antipsychotic preparation were strongly associated with concurrent prescription of anticholinergics. Procyclidine and orphenadrine were the most often prescribed anticholinergics.

Conclusion: Antipsychotic monotherapy is the common practice for outpatients with psychotic disorders. Some of the antipsychotic polytherapies, dosage strategies, and high prevalence of anticholinergic use are therapeutic issues that need to be addressed to foster evidence-based prescribing practice.