

In the hypertension area there is a general consensus among experts in the field that they are not yet treating many hypertensives, and this is an example which is usually focused upon when talking of underprescribing.

You will see in a film we want to show here later at least one medical view of the treatment of depression. I do not subscribe to it, but you ought to see what is being said by certain physicians in that area and you make up your own mind about it.

I believe one has to look at overprescribing in relation to drug classes.

Mr. GORDON. I presume there are some people who cannot afford to buy drugs. Some of them should be getting drugs and they do not get them. But in those terms—

Dr. CROUT. I am simply saying that a general phenomenon of overprescribing and underprescribing is, I believe, a case harder to make than when one looks at specific drug classes.

Senator NELSON. Well, Let's look at total sales. We have had extensive testimony on overprescribing in the tranquilizer field and in the whole antibiotic field. These are the two largest classes of drugs used. Even assuming that in certain specialized categories as hypertensives there is underprescribing. What can we say about drugs as a whole? Are they being overused? Certainly, as we have seen, many widely used drugs or classes of drugs like the oral hypoglycemics are overused. Would you be equating the size and dimension of the problem in hypertension or some other field against the antibiotics or tranquilizers?

Dr. CROUT. One could. The underprescribing in hypertension is at least as great today, or certainly was 2 or 3 years ago when the Department began the task force on Hypertension Education, as overprescribing is in the antibiotic area.

Senator NELSON. I can't remember who the witness was a few years ago who said that the available evidence indicates that the damage from overprescribing in the antibiotic field may very well be greater than the benefit from it, or words to that effect.

Dr. CROUT. Mind you, I do not want to endorse the concept of overprescribing. But if you are asking where do I believe overprescribing is the biggest problem, it is most conspicuous in the antibiotic area. I think you will find more argument about other drug classes.

The lesson to be learned is that other drug classes can get out of hand in the future, which is one of the things we are talking about this morning.

Let me comment on the unproven uses of drugs. The pages of the controlled circulation journals frequently are employed to bring to the physician's attention new uses for a drug product which are not yet approved by the Food and Drug Administration, something the manufacturer is not permitted to do through the usual channels of drug advertising and detailing. A typical example is an article entitled "Migrane . . . and More. Treatment and Prevention" from the April 1976 issue of *Current Prescribing*. I will also submit a copy of this article for the record.¹

¹ See article, "Migraine . . . and More Treatment and Prevention—Serotonin inhibitors, antihistamines, antidepressants, beta blockers—they're all in the new wave of 'headache remedies'," from *Current Prescribing*, April 1976, page 14120.