

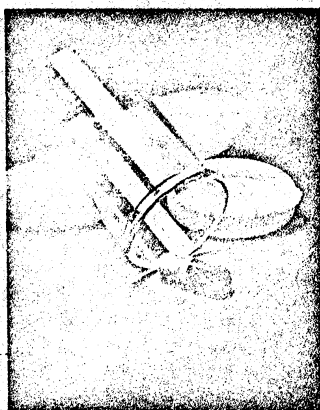
Charges of overprescribing are all the rage. But what about the equally dangerous tendency to underprescribe?

The undermedicated society

Who is the "irrational prescriber"? It's usually said that he's the physician who prescribes too much—whether it's oral hypoglycemics, minor tranquilizers, or antibiotics; whether for the wrong indication, with no indication, or in place of a safer, equally effective drug. The family physician's alleged propensity to overprescribe has provoked well-publicized investigations, both Congressional and clinical.

But what of the other side of the problem—underprescribing? Do doctors sometimes prescribe too little? In interviews with experts in several specialties, *CURRENT PRESCRIBING* found that the answer is yes. For many conditions, and with a number of drugs, MDs may be giving their patients therapeutic short change.

Take pain, for example. Says Dr. John Bonica, professor and chairman



of anesthesiology at the University of Washington and an internationally known authority on pain treatment: "Many physicians undermedicate with narcotics, especially in patients with chronic pain due to cancer and in those with acute postoperative pain.

"This probably happens because our medical schools don't adequately

teach the use of narcotics for clinical pain, either acute or chronic. For instance, they don't teach IV administration of narcotics, and physicians are afraid to use this route. But with severe pain from a kidney stone, a gallstone, or serious lacerations, giving a narcotic any other way is an error: A subcutaneous or intramuscular dose is absorbed too slowly to reach a sufficiently high peak level.

"It's true that serious reactions may occur with an IV dose—severe nausea, hypotension, hypertension, impaired cerebral function—but these are due to improper technique, usually too rapid injection. It's worth re-emphasizing that in severe acute pain, this is the best and most effective route for the initial dose."

Another mistake physicians tend to make, says Dr. Bonica, is prescribing an analgesic on demand for chronic pain. "We've been taught to do it this way for years, but it actually fosters chronic pain behavior. In effect,

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