chiatrists and neurologists prescribe major tranquilizers and antidepressant agents at a rate five times that expected from their numbers in the overall population of physicians in private practice. General practitioners also employ psychotropic drugs at a high rate and we find them consistently overrepresented on use of all classes of psychotropic agents. On an overall basis osteopaths employ psychotropes at about the rate expected for their representation in the total physician population. But when distribution of prescribing among the major drug classes is considered, they are found to employ stimultants at three times the rate expected. More understandable is the high rate of prescribing of hypnotic drugs by surgeons and the high rate of prescribing sedative drugs by general practitioners. Because of the extensive use of psychotropic drugs among almost all types of physicians, serious efforts must be made in undergraduate and postgraduate training to insure the rational use of psychotropic agents.

In interpreting data on the extent of psychotropic drug usage, it should be recognized that neither drug prescribing nor drug acquisitions are uniformly distributed among the individuals in the reference populations; namely, physicians and patients. The top 25 percent of the prescribers may account for as much as 50 percent of the prescriptions written, and similarly a small proportion of the patients, as little as 28 percent in a recent study, may account for 48 percent of the acquisitions.

FOR WHAT ARE PSYCHOTROPIC AGENTS PRESCRIBED?

In some ways this question comes closer to the issue of overprescribing and overuse than any other. Unfortunately, it is a difficult issue on which to obtain meaningful data and the interpretation of the data must be done very carefully so as not to jump to erroneous conclusions. Ideally, one would like to be able to discuss with the physician at the time of his prescribing a psychotropic drug the reason for this decision or to review well-kept clinic records in order to obtain information on the rationale for prescribing a psychotropic drug. Short of this, however, we can ask what is the diagnosis of the patient receiving a psychotropic drug and, perhaps even more importantly, what was the desired action of the medication prescribed. For example, at first glance the prescribing of a minor tranquilizer for a patient with a diagnosis of coronary artery insufficiency may seem inappropriate. But, when the desired action is known to be anxiety reduction to try to prevent an increased cardiac load due to heightened anxiety, then this becomes an understandable and rational procedure.

For the year 1968 chart 5 gives the main diagnoses for which representative drugs in each of the six major classes of psychotropic agents were given.

(Chart 5 follows:)