noses other than mental disorders. The number of properly controlled studies in which psychotropic drugs have been evaluated for efficacy in patients with nonpsychiatric disorders is, to our knowledge, very small and more attention should be given to studies of this type in view of the fact that this is the group for whom a majority of prescriptions for psychotropic agents is being written. These studies should also attempt to provide data on any possible dangerous drug interaction between agents of other therapeutic classes and the psychotropes being used. The enzyme-inducing effect of phenobarbital on the rate of metabolism of anticoagulant agents is the kind of interaction to which I refer.

The final critical question to which we will address ourselves is: "In what manner are psychotropic drugs being prescribed and used?"

Among private practitioners prescribing patterns for psychotropic drugs are fairly uniform. For both major and minor tranquilizers the modal prescription provides for 40 to 45 tablets or capsules to be taken at the rate of three per day for a period of 12 to 14 days. Daily dosages tend to be moderate to low and the mechanics of consumption so arranged that a patient usually takes only one pill per administration. Prescribing practices differ with the medical setting and the average days of therapy provided in the original prescription may vary depending on whether the physician is dealing with patients that are well known to him, or whether the system encourages phone contacts and reports, and similar factors. Among internists and general practitioners, minor tranquilizers are often prescribed on an as-needed basis rather than on a regular extended regimen which probably reflects a prophylactic intent where stress has serious implications for an organic illness such as heart disease.

Average prescription sizes for the antidepressants tend to be larger than those for the tranquilizers, approaching 50 units, and the average number of days of therapy provided is closer to 17—a probable reflection of a common therapeutic belief that antidepressants are fairly slow acting. The average number of days of therapy allowed on prescriptions for hypnotics and sedatives is larger than that for either antidepressants or tranquilizers. In the case of hypnotics, days of therapy average close to 25 and for sedatives close to 1 month.

Prescription sizes for the sedatives, principally phenobarbital, are much larger than those for any other class of psychotropic drugs, averaging close to 80 units of medication. However, it should be pointed out that sedatives and hypnotics are frequently used in middle-aged and older patients with more chronic illnesses.

In general medical settings it is not uncommon to find one-third of the patients being treated with psychotropic drugs for a single acute episode of 1 to 3 months' duration, another one-third being treated for several episodes of similar duration that occur over a period of several years, and one-third or less who are chronically ill and receiving psychotropic drugs on a fairly continuous basis.

Preliminary data at our disposal also indicate that outpatients often do not obtain all the refills they are permitted and frequently reduce the prescribed daily dosage when they begin to feel better in what appears to be a self-titrating procedure.