ATTITUDES TOWARD PSYCHOTROPIC DRUG USE

We have found that attitudes toward psychotropic drugs and mental illness along with demographic variables influence psychotropic drug usage in the general population. We suspect that attitudinal factors also influence prescribing behavior and hope to study the problem in detail in the near future. We emphasize attitudinal considerations because we feel that many of the judgments about overprescribing, inappropriate prescribing, and overuse of psychotropic drugs will turn on value issues that go beyond the specific medical consequences of drug ingestion.

Early returns of recent survey studies indicate that the attitudes of the American public toward the use of psychotropic drugs remain generally conservative and a majority of those currently taking psychotropic drugs or who have done so in the past express some discomfort with the idea. As might be expected, attitudes toward the use of psychotropic drugs tend to be more conservative in the middle and older age groups, who, paradoxically, because of a greater need, are more prone to obtain psychotropic drugs from a physician. Nonetheless, negative attitudes toward psychotropic drugs are more likely to act as a deterrent to use among the middle and older age groups than in the younger generation who seem to have fewer compunctions about using a psychotropic drug if they feel they need it. Final conclusions on these matters will have to await the outcome of current studies and an upcoming national survey that will be carried out by the Social Research Group of George Washington University as part of our program of collaborative research on the extent and nature of psychotropic drug usage in the United States.

The data available to us at this time do not indicate that a large proportion of Americans are becoming chronic or dependent users of psychotropic drugs, or are in danger of becoming so in the near future. On the other hand, we suspect that the occasional use of psychotropic drugs to improve adequate social functioning and offset or prevent mild discomfort may very well be on the rise.

We hope this information will be of value to the subcommittee and ultimately will result in even better health care for the Nation.

Senator NELSON. Thank you very much, Doctor. You did not comment very much on any of the side effects. Are there side-effect implications in all of these psychotropic drugs, and what are they?

Dr. LEVINE. Yes. As I tried to point out in the capsule presentations of the drugs class by class, there are side effects that do occur with all these classes of psychotropic agents.

Senator NELSON. On the charts?

Dr. LEVINE. In the capsule presentations accompanying chart 1. That would begin on page 3 of the testimony. For example, with regard to major tranquilizers, the most common side effects include drowsiness. This is usually of a transitory or temporary nature. Extrapyramidal symptoms such as are seen in Parkinson's disease are also frequently seen and the occurrence of low blood pressure in response to standing or getting up quickly, so-called orthostatic hypotension, does occur. Some toxic effects such as agranulositosis and the occurrence of liver damage are rare but do occur with these drugs.