USE OF PSYCHOTROPIC DRUGS IN AN INTERNAL MEDICINE DEPARTMENT (IMD)

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BACKGROUND AND OBJECTIVE
To promote a safe and effective prescription by junior physicians, psychotropic drugs use, such as antipsychotics (AP), antidepressants (AD) and clometiazole (CL) were analysed in an acute-care hospital.

DESIGN
Prospective analysis over 3 months. All the patients receiving AP, AD, CL for insomnia, depression, agitation and pains or nauseas. The presence of cardiovascular, digestive and neurological co-morbidities and potential drug interactions have been considered.

SETTING
Internal medicine department (IMD) with oncology, cardiology and nephrology services, Hospital of Sion-Hérens-Conthey, Switzerland

MAIN OUTCOME MEASURES
Use of psychotropic drugs in the above mentioned clinical indications and co-morbidities. Clinical significant drug interactions between the psychotropic drugs and other treatments.

RESULTS
Of the 912 patients who have been admitted to the IMD during these 3 months, 220 (24.1%) had psychotropic drugs treatments. The most often used psychotropic drugs for agitation were haloperidol (26%) and atypical antipsychotics (20.8%); for insomnia, clometiazole (42.4%) and mirtazapine (30.3%); for depression, SSRI (47.6%); for pains, tricyclics (14.3%); for nauseas and vomiting, haloperidol (64.3%). (fig.1)

Among the patients treated with a psychotropic drug, the following co-morbidities were observed: cardiovascular (31.4%), digestive (8.9%) and neurological (5.8%). (fig.2) The officially recommended precautions were mostly respected with exception for tricyclics and phenothiazines in cardiovascular diseases. 44 patients (20%) presented clinically significant drug interaction with psychotropic drugs; 26 (59%) were related to tramadol. (fig.3) The clinical significant interactions and contraindications have been notified to the physicians.

CONCLUSIONS
24.1% of the patients who have been admitted to the IMD during these 3 months had psychotropic drugs treatments. Nearly half of these treatments were introduced in the presence of co-morbidities. Clinical pharmacist’s involvement within the IMD may help for the choice and the use of psychotropic drug treatments.

References

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