

Poly-pharmacy in psychiatry: a debatable contemporary practice ? Not much evidence

To the editor

Poly-pharmacy involves the concomitant administration of two or more drugs in a single patient. Despite extensive research¹ and recommendations as to the optimal prescription of drugs, polypharmacy is still widely prevalent in clinical practice throughout the world. The study of this phenomenon in psychiatry is inherently complex. There is enough literature² in psychiatry that suggests that monotherapy permits documenting patient's response to an adequate trial of each medication, helping to reduce the complexity of the medication regimen, reducing the risk of adverse events, and making it easier to assess and manage future symptom exacerbations. On the other hand, whilst poly-pharmacy is common it might appear an irrational and debatable contemporary practice having its own advantages and disadvantages. There should be no doubt that a powerful trend toward poly-pharmacy exists.

There are varied reasons to continue this practice of poly-pharmacy in Psychiatry. Firstly, poly-pharmacy with psychiatric medications is a growing practice³ that is derived from clinical experience, small trials and case reports. This practice is probably based more upon experience than sufficient clinical evidence. These open, uncontrolled clinical experiences, although provocative, do not prove that such combinations are clinically superior than or as equally well tolerated as vigorously applied monotherapies, including the use of older and much less expensive neuroleptics. Secondly, most diagnostic categories in psychiatry have not been shown to be valid because they are not discrete entities with natural boundaries that separate them from other disorders. Moreover, diagnostic systems such as DSM-IV⁴ and ICD-10⁵ foster diagnosing of co-morbid conditions. A person with three different diagnoses might need three different treatments. Thirdly, there is some confusion referring to the classification of psychiatric drugs since no standard criteria exist for the assignment of a single psychiatric drug to a group of substances, which do not always reflect their degree of pharmacological similarity. Fourthly, inpatient treatment has to deal with the most severe and often treatment-resistant cases, for which several treatment guidelines recommend a wide range of combination and augmentation therapies in spite of little empirical evidence. This trend is further exacerbated by government policies of most countries of decreasing the number of psychiatric beds and increasing pressure to decrease lengths of stay for inpatient treatment.⁶

Antipsychotic poly-pharmacy appears to be used for various reasons with the one cited most often being the wish to bolster medication effectiveness in treating patients with refractory psychotic symptoms, mood symptoms, or behavioral problems. It is, however, unclear if antipsychotic poly-pharmacy is associated with specific atypical antipsychotics more often than with others. Antipsychotic/antidepressant polypharmacy was reported to increase the risk of medication-related adverse events and of drug-drug interactions, to increase the need for additional medications to treat emerging side effects, to decrease adherence with medication due to increased treatment complexity, confounding clinicians' ability to discern helpful from unhelpful medications, and to increase cost of care. This practice has its own disadvantages too as drug combinations often represent 'uncontrolled experiments', with unknown potential for toxic effects. Tolerability and potential risks of adverse effects associated with antipsychotic polytherapy have received particularly limited research attention. The unknown potential for adverse long-term iatrogenic effects of antipsychotic polytherapy, and of psychiatric polytherapy in general, is of even greater concern.

Therefore, psychiatrists have to be aware that their clinical practice is far from evidence based. Further research evaluating the effects of polypharmacy in psychiatric patients may assist in defining the scope and potential of such use.

OM Prakash

Department of Psychiatry, Institute of Human Behaviour & Allied Sciences (IHBAS), Dilshad Garden, Delhi, India

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Correspondence

Om Prakash
email: drjhirwalop@yahoo.co.in