Prescribing restrictions for expensive psychiatric drugs

Sir: Drug expenditure has, historically, accounted for only a small percentage of the total cost of caring for patients with schizophrenia. One suggested figure is 3% (Davis & Drummond, 1990). This differs markedly with the relative costs in other therapeutic areas where the drugs budget accounts for approximately 10% of the total cost of patient care. Clozapine is a prime example of a relatively new drug for the treatment of schizophrenia which may alter the disproportionately low prescribing costs for this condition. Its use, therefore, has high cost implications for the field of psychiatry. Pharmacoeconomic studies have suggested that, although the acquisition cost of clozapine is high in comparison with other neuroleptics, the clinical benefits of the drug may confer medium to long-term economic benefits in patients with treatment resistant schizophrenia (Fitton & Benfield, 1993). However, in the current economic climate, concerns have been expressed regarding the prescribing of expensive drugs and whether the use of these drugs is being restricted for purely economic reasons.

In response to these concerns a telephone survey of 20 hospitals in the United Kingdom was performed in May 1994. The hospitals were randomly selected. Using an open semi-structured questionnaire the hospitals' use of clozapine and any restrictions placed on its use were determined from pharmacists working closely with the mental health unit.

The number of patients prescribed clozapine at each hospital ranged from one to approximately 100 (median 15–20 patients). It was found that at 11 hospitals the use of clozapine was reported to be on consultant request as per data sheet requirements. Six hospitals had written guidelines for the use of clozapine and any restrictions placed on its use were determined from pharmacists working closely with the mental health unit.

If your prescribing of clozapine is being limited for purely economic reasons – is this ethical?

DAVIES, L. M. & DRUMMOND, M. F. (1990) The economic burden of schizophrenia. Psychiatric Bulletin, 14. 522-525.
FITTON, A. & BENFIELD P. (1993) Clozapine: an appraisal of it's pharmacoeconomic benefits in the treatment of schizophrenia. Pharmacoeconomics, 4. 131-156.

ECT machines: identical, but different

Sir: As an extension of our audit of ECT in three Liverpool hospitals we evaluated patient case-note data from one of the hospitals over 12 months, July to December 1992 (period 1), and January to July 1993 (period 2) when the ECT clinic inherited an Ectron Duopulse Series (E2) machine from the local district general hospital. For reasons unknown the inherited machine was used in preference to the existing clinic machine, an apparently identical E2.

Fit length was not recorded in 42% of first stimulations in period 1 (n=87) and 28% in