

psychotic symptoms, but not for negative symptoms.

**PSY P05 (R165)**

**A DRUG UTILISATION REVIEW AT A PSYCHIATRIC HOSPITAL**

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A one year (1996-97) retrospective qualitative analysis of drug consumption data (by Defined Daily Doses as stated in the Anatomical Therapeutic Chemical Classification Index of the World Health Organisation Collaborating Center for Drug Statistics Methodology, 1996) at Mount Carmel Hospital (MCH) for Psychiatric Services, Department of Health, Malta, revealed that more than 50% of the annual expenditure (required to stock the MCH pharmacy) accounted for drugs used in psychiatry. Assessment of the prescribing clinicians' opinion, through questionnaire, on treatment protocols, in the form of algorithms (Bethlem & Maudsley Prescribing Guidelines, 1996), and formulary development pointed at the need for better pharmaceutical and patient management services. Analysis of drug consumption trends suggested an unjustified extent of polypharmacy and a need of more informed, cost beneficial prescribing. Clinicians (82%) at MCH favoured the development of treatment protocols as useful guidelines for better patient management. Preference was shown for those guidelines used in the treatment of particular disorders and side-effects (42%). Review by a multidisciplinary team was perceived as the best way of developing treatment guidelines at MCH. Open criticism of the treatment algorithms highlighted the restrictions for the prescribing of certain drugs together with the need of more factual, independent information to prescribers. The proposal for the development of a formulary for MCH was welcomed by all respondents (n=30) and perceived as an essential tool for the promotion of rational drug use. The respondents agreed that a team approach between psychiatrists and pharmacists should be set up to update the formulary on a regular basis. The practice of rational drug use can however adopt a restrictive rather than an educational approach. Continuous monitoring and evaluation should be addressed not only at consumption and expenditure but also at efficacy and safety, with pharmacists becoming more proactive and adopting more clinically relevant roles in delivering psychiatric pharmaceutical care services.

**PSY P06 (R068)**

**MENTAL HEALTH ISSUES IN GENERAL PRACTICE SETTINGS.**

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Up to a third of medical patients have a diagnosable psychiatric disorder and 75% of these are anxiety or depressive disorders. Distressed high users of primary care have even higher rates of psychopathology. Cognitive, emotional and behavioral symptoms known as "mixed anxiety depression," are also common. Men and women suffer roughly equal rates of major mental disorder. With the exception of substance abuse, however, which can develop at roughly twice the rate of women, women have significantly higher rates of psychiatric conditions most commonly seen in general practice settings. Diagnosing mental illness is not always easy. Studies have demonstrated that specific factors interfere with recognition of depression in primary care settings and decrease the likelihood of an accurate diagnosis. Even though, other studies indicate that persons with anxiety disorder seek treatment from general medical facilities