

DEPARTMENT OF HEALTH,  
P.O. BOX 5013,  
WELLINGTON.

23 October 1974.

**CLINICAL SERVICES LETTER NO. 143**  
**TO MEDICAL PRACTITIONERS**  
**(Copy to Proprietors of Retail Pharmacies)**

Dear Doctor,

**MISUSE OF BARBITURATES**

In the 3 days between his discharge from an Auckland hospital and his death from an overdose of barbiturates, a young man visited 10 doctors. He is alleged to have been prescribed various drugs of dependence by each of them.

This recent case highlights the willingness of some practitioners to prescribe drugs of dependence to other than regular patients and without adequate assessment.

The continued use of barbiturates as hypnotics is a matter for concern. Their day is past, and new patients with insomnia should rarely be treated with drugs of this type. This is especially true of younger patients.

In 1972-73, 470,000 prescriptions for barbiturate hypnotics were dispensed—more than 28 million doses at a cost of \$317,360. A survey in 1971<sup>1</sup> showed that almost 2 percent of the population, and nearly 6 percent of married women, were taking hypnotics on an average night. Barbiturates formed 44 percent of all hypnotics prescribed at the time of the survey.

Barbiturates prescribed by doctors not infrequently result in dependence. The toxicity of this group of drugs is notorious. Over 400 patients were treated for barbiturate poisoning in hospitals during 1973. Most cases were due to accidental poisoning of pre-school children or to deliberate overdosage in teenagers and older age groups. There were 18 deaths, and possibly others which were not recognised or reported.

Other problems associated with barbiturates are well documented.<sup>2</sup> Depressive states may be concealed or worsened, and drug interactions are frequent. The effectiveness of tricyclic antidepressants is reduced by barbiturates. An association between violence in the young and this type of drug has been reported.<sup>3</sup>

The continued use of barbiturate hypnotics is rarely justified. Some practitioners have given up prescribing barbiturates altogether.<sup>4</sup> Others have shown that usage can be considerably reduced if repeat prescriptions are limited and time is taken to advise patients about the need to stop hypnotics.<sup>5</sup> The substitution of safer drugs has also been shown to be possible in general practice.<sup>6</sup>

The need for safe, non-toxic hypnotics for short-term use is undoubted. The real place of long-term therapy is less evident, and barbiturates are not the best choice for this purpose.

### References

<sup>1</sup>Thomson, A. W. S. The prescribing of hypnotics, tranquillizers and stimulant drugs in N.Z.: a study of trends over a thirteen-year period. In *Second Report of Board of Health Committee to Inquire into Drug Abuse and Drug Dependency in New Zealand*, appendix 12, 172-192. Board of Health Report Series: No. 18, 1973.

<sup>2</sup>Pollitt, J. D. The use of hypnotics. *J. roy. Coll. gen. Practit.*, 23, Supp. No. 2, June 1973: 33-37.

<sup>3</sup>Editorial. *Hlth. Soc. Serv. J.*, 1 June 1974.

<sup>4</sup>Stevens, John. Hypnotics: A G.P.'s view. *Therapeutic Notes* No. 132, 3 June 1974.

<sup>5</sup>Clift, A. D. Discussion on the use of hypnotic drugs. *J. roy. Coll. gen. Practit.*, 23, Supp. No. 2, June 1973: 37.

<sup>6</sup>Wells, F. O. Prescribing barbiturates: Drug substitution in general practice. *J. roy. Coll. gen. Practit.*, 23, March 1973: 164-167.

Yours faithfully,



(A. W. S. Thompson)  
Director,



(A. H. Paul)  
Deputy Director,

Division of Clinical Services.

## TOTAL KNEE PROSTHESIS

(Therapeutic Notes No. 135, dated 30 August 1974)

In a letter dated 10 September, Mr A. B. Mackenzie (Christchurch) commented on the above article as follows:

"Many orthopaedic centres are extremely cautious in their approach to this prosthetic problem. There are numerous devices, indicating that not one of them in particular is totally satisfactory. There is a World Symposium in London this month, of orthopaedic surgeons and engineers, to investigate further the problem of total knee prosthesis, thereby emphasising the complexity of this sort of surgery.

"In its present stage of development, I believe it is a matter, not of deciding which prosthesis to use, but whether any prosthetic device should be being used at all.

"Dr Ellis states that a later fusion of the knee can readily be performed if the operation is unsuccessful. One wonders how often he has to do this, and worse still, has had to perform an above-knee amputation, because when a total-knee prosthesis goes wrong, it can be a tragedy."