

Cure Ails?

Off-label usage of medication—prescribing it for a purpose other than what it was originally created for—is nothing new.

Take aspirin for instance—usually taken to help relieve headaches and other dull, throbbing pain; it is also taken by people with circulatory problems.

Aspirin is beneficial for pain relief, because part its action is to reduce the transmission of these signals from the affected area to the brain.

Another effect it has is inhibiting blood clots; it is commonly prescribed in lower doses to people at risk of heart problems, helping prevent blockages in blood vessels.

Owing in part to its versatility, an estimated **40,000 tonnes** of aspirin is consumed each year.

While aspirin isn't a prescription medicine, it still serves as a great example of the off-label use of medication.

When a pharmaceutical company creates a new drug, it must go through rigorous clinical testing to prove its safety and effectiveness before it is approved for general use.

It is interesting to note however, that once a medication has been approved for a specific use, it can be freely prescribed for conditions which are outside its original function.

No additional testing is required by law to verify whether the drug is safe, or effective for the unintended condition it is being used to treat. The responsibility lies solely with those who issue the prescriptions.

This is not necessarily a negative thing; some medications are highly effective for their off-label applications, and rebranded versions may be released for this specific purpose.



One such example is Zyban, a smoking cessation medication. Its active ingredient was originally used in an antidepressant, Wellbutrin, and the only major difference between the two drugs is their branding.

Unfortunately however, the benefits of using medications for off-label purposes are not always so clear-cut; there have also been cases where this practice has proven to be harmful—even fatal.

Due to the size of its population, it is interesting to look to America to see trends developing which would be difficult to observe if they took place in New Zealand. One of these trends is the increasing number of people, with no experience of mental illness, who are being prescribed powerful antipsychotic drugs.

Anxiety, attention-deficit disorder, sleep difficulties, behavioural problems, dementia... These drugs weren't created to treat such conditions; this does not stop many U.S. doctors and psychiatrists from prescribing them.

"Antipsychotics are being overused, overpriced and oversold..."
Allen Frances,
head of DSMIV task force

This is good news for the pharmaceutical companies; the more of their drugs that get sold, the better it is for their bottom line. The only stipulation by law is that they can't market their medications for off-label usage.

The picture is considerably gloomier for many patients however. In the case of both the elderly and the youth of society—groups which are often outside the target audience for many medications—off-label use can prove to be fatal.

In many cases, for the caregivers of both young and old who are given these drugs, one "benefit" is their sedating effect. This is far outweighed by the serious side effects they are proven to have, including rapid weight gain.

Similar cases have already been reported in our own country. America is beginning to take stock of the damage this practice has done—a lesson to be ignored at our peril. We can't afford to be complacent; otherwise the consequences may be a bitter pill to swallow.

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