Iatrogenic Drug Dependence

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Massive literature has accumulated on drug abuse and dependence as a socio-medical problem, with many volumes written about the different aspects and ramifications of this problem. However, comparatively very little literature has been published on iatrogenic drug dependence. Although many mental health professionals believe it is a problem with wide scope, there is no documentation of its magnitude, and most reported estimates remain a matter of personal opinion.

In a study conducted in Kurume District in Southern Japan by Mukasa et al., which covered the time period 1946-1975, iatrogenic dependence was found to range from 23.9% to 43.5% of all types of drug dependence[1]. The mean age of this group was 39.2 years. They also documented that 41.3% of this group worked in the medical services, and that 7.1% were without regular jobs.

In another two-year study in Germany of 157 patients who were dependent on benzodiazepines, 95% of them obtained these medications from their treating physicians[2]. The symptoms that lead to the initiation of treatment in these patients included sleeplessness, fear, restlessness, headaches, and dizziness. However, these patients developed other symptoms which, among others, included decreased interest in work and tiredness, decreased concentration, amnesia, delirium states, disorientation, psychotic episodes, impotence, and tendency to commit suicide.

It is the author's feeling that approximately 20-25% of patients in different clinics are iatrogenically dependent on drugs, mainly benzodiazepines. This feeling is based on impressions from clinical practice, and it is exemplified by the case histories of two patients who became dependent on benzodiazepines. Both were females, and they were given these medications by their treating physicians for complaints of insomnia or anxiety symptoms. The period of use of these drugs was two years in one case and eight in the other. Both patients had recurrence of their symptoms when they attempted to discontinue their drug intake.

These estimates do not reflect the real magnitude of the problem of iatrogenic drug dependence. It is the conviction of the author that this problem is common in medical practice in Bahrain, but that the vast majority of these patients are "hidden" in the different clinics. It is therefore not unusual that their habits are maintained for years before they are referred to professional psychiatric help[3]. Special studies are needed to help in the measurement of the different aspects of this problems so that proper measures can be taken to minimise or even eradicate it.

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From the available data, there are certain characteristics that distinguish patients suffering from iatrogenic drug dependence. These patients are usually middle-aged with chronic medical conditions or serious pathology with a related history of surgery[4]. None of these patients have a prior history of drug abuse, but a minority may have alcoholism as a pre-existing condition. Furthermore, they commonly complain of symptoms such as pain, headache, insomnia, and anxiety[4]. Because of this background and as a result of his conviction that the symptoms and complaints are "real", the treating physician feels it is his duty to offer treatment. This is further complicated by certain factors inherent in either the physician or the patient. The patient may be demanding and a chronic complainer, attributes which increase pressure on the treating physician who finds himself frustrated by the dilemma of wanting to practice his profession judiciously and not wanting to disappoint the patients' perception of the physician as omnipotent and God-like[5].

The treating physician may also have his own problems which are consciously or unconsciously projected onto the patient who ends up with a prescription that can unknowingly pave him the road to drug dependence[5]. As a result, real organic pathology can be missed in the process[4]. On the other hand, there are situations in which the treating physician knowingly and justifiably addicts the patient as in those suffering from terminal stages of malignancies[5]. However, with the exception of the latter and similar cases, every caution should be applied by physicians when prescribing potentially addictive substances. Headaches and other somatic complaints, when they lack underlying diagnosable organic pathology, can be symptoms of certain psychiatric conditions, as in the case of depression. Giving symptomatic treatment for these does not cure the illness, and can only lead to drug dependence if maintained. By the same token, a physician should distinguish normal from pathological anxiety syndromes. Whereas no drug treatment should be given for the former because it interferes with the person's constructive adaptation, certain expertise and professional skills may be needed in dealing with the latter[5]. Hence, a treating physician should always ask himself if he can forsee an end point where he would discontinue this kind of medication. If not, he should be most careful about starting such[5]. To this genre of patients, he should be able to say: "My examination and tests have not revealed any condition which I can treat, and I am sorry that I can not help you"[5]. This way he will be of utmost help to them.

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