

International collaboration to address new approach to psychiatric drug nomenclature

Psychiatry currently uses medications with names that reflect the indication rather than the mechanism of action. The colleges of neuropsychopharmacology seek a change to the nomenclature of these drugs.

Under the leadership of the European College of Neuropsychopharmacology (ECNP), agreement has been reached on proposing a change to the current psychopharmacological nomenclature of medications, that currently have names given over 50 years ago, to versions that more accurately express a medication's mechanism of action.

The ECNP and related colleges believe a change in nomenclature will help clinicians to select the best medication for a given patient, and minimise the confusion patients may experience when prescribed a drug with a different name compared to their identified diagnosis.

Joseph Zohar, is current President of the ECNP and Professor of Psychiatry at Tel Aviv University, Israel. He explained to *EBC News* that an update on nomenclature and medication for brain disorders was long overdue. "On the one hand, there is impressive progress in neuroscience, but on the other we are still using some names which were given around 50 years ago."

In order to bridge this gap, the ECNP has initiated specific taskforces composed of the four major neuropsychopharmacology colleges: the ECNP, the American College of Neuropsychopharmacology, the Asian College of Neuropsychopharmacology, and the International College of Neuropsychopharmacology.

Psychiatrists are currently updating the Diagnostic and Statistical Manual of Mental Disorders (DSM and ICD) system and in the next few months, a new version of DSM will be published. With these changes afoot, it is important to consider an appropriate update of medication's nomenclature.

Anti-psychotic drugs provide an example of why this is important. There are close to 150 medications commonly used in psychiatric disorders, and very few have a name that really expresses the mechanism. If a nomenclature that expresses the

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For example, Zohar explained that many of the reasons for prescribing anti-psychotics are actually not for psychosis but for depression and anxiety and it needs to be recognised that the names and labels on these drugs can have far-reaching effects.

"Imagine a patient with anxiety seeing the term 'anti-psychotic' on the label. Understandably, they would wonder if their situation was worse than they had thought and possibly ask why they needed anti-psychotic drugs. Consequently, this affects adherence to the medication," he said.

Furthermore, current medication names fail to facilitate informed prescribing. "In hypertension, the classification of the medicine is based on the mechanism of action," Zohar pointed out. "If the treating doctor would like to augment the overall treatment then another drug with a different mechanism of action could be used. In this respect, the proposed nomenclature might help the physician to make an informed clinical decision."

He added that when considering categories of anti-depressants or anti-psychotics, often an anti-psychotic is not used to treat psychosis or an anti-depressant to treat depression. "Often an anti-depressant is used

to treat anxiety. It's not only that it confuses the patient but it confuses the physician."

Removing the stigma that can be attached to certain names is another significant reason for revising the nomenclature of medications in this field of medicine. "Using a name related to mechanism of action is preferable. Take for example a dopamine receptor blocker, which is the basic mechanism of an anti-psychotic. The drug has an effect on the specific dopamine receptor and restores normal functioning not only in psychosis [but other illnesses too], so it is better not to label this as anti-psychotic," Zohar stressed.

In a nutshell, Zohar said that prescribers need to think about underlying mechanisms of action for a drug not necessarily the indication, and consider the intervention which best interacts with that.

All the colleges agree that this is the way forward. On four different occasions, three in Europe and one in the US, Zohar and his colleagues have conducted a survey with over 1200 psychiatrists collating their thoughts on the existing system and the potential new system. "The vast majority agreed the current system is misleading, confusing and adding to stigma, and that it doesn't encourage the patient to adhere to the medication."

"They also agreed that the pharmacological driven system is required."

The pharmaceutical industry also believes this is a very important initiative. "We all need to think in a different dimension for psychiatric disorders," noted Zohar.

The next step is publication of a paper on the topic, expected in the near future in the *European Neuropsychopharmacology journal*.

The task force of the four colleges is now placing all medications under a template to facilitate renaming. "By the end of the year we expect that all the medications will be added into the template and that the major scientific publications will start using the new nomenclature," Zohar remarked.