ABSTRACT: Objectives: *To describe the prescribing patterns and identify correlates of prescribing antipsychotic.* **Design:** *A hospital-based cross-sectional study.* **Setting:** *A leading mental hospital in Kenya. Subjects: Adult patients receiving care for psychiatric illnesses* **Outcome Measures:** *The patients' socio-*

monotherapy was 93% (Al Za'abi et al., 2014). A study in India showed that polypharmacy was closely associated with supramaximal doses (Ramadas et al., 2010).

Vjg" tcvg" qh" U I C" wug" kp" uqog" fgxgnqrgf" eqwpvtkgu" ku" relatively high ranging between 87% to 90%, and usage of H I Cu"kp"vjgug"eqwpvtkgu"ku" owej "nqygt."tcpikpi "htqo "9 ' "vq" 23% (Van Kammen, Î*ỹã0

prescribed as well as their doses. Logistic analysis was done using a backward elimination model to assess the independent correlates of prescribing a certain number of antipsychotics.

Two hundred and forty-three participants were recruited, but only 167 participants met the inclusion criteria. The respondents' sociodemographic and clinical characteristics are presented in Table I.

The majority of the participants were males (n =108, 64.7%). The mean age was 36.7±13.4 years, with a majority being within the 18 to 45 years age bracket (n=128, 76.6%). The ogcp"dqf{"ocuu"kpfgz"*DOK+"ycu"460;"Õ"607"mimo², with slightly less than half of the participants exceeding the ideal body weight (n=71, 42.5%). Majority of the participants (n=103, 61.6%) had a history of previous psychiatric cfokuukqp."vjg{"ygtg"ukping"*p?;7."7709"+."cnkcvgf"vq Christianity (n=142, 85.0%), and unemployed (n= 108, 64.7%).

Vjg"tcvg"qh"wug"qh"HICu"ycu"9;02"'."cpf"vjcv"qh"UICu"ycu 45.2%. Antipsychotics were commonly prescribed, with 37.7% (n=63) of the patients being on monotherapy, 53.3% (n=89) dual therapy, 6.0% (n=10) triple therapy and one patient used four antipsychotics concurrently.

The average dose of antipsychotics prescribed was 1021.0mg of CPZeq per person. Patients who used standard doses *Ö3222"oi"qh"ER\gs+"ygtg"6805'"*p?98+."yjkng"vjqug"yjq used supramaximal doses were 53.7% (n=88). Patients with bipolar disorder received the lowest dose of antipsychotics, 829.5 mg ± 548.8 mg of CPZeq.

Rcvkgpvu"ykvj"uejk|qc gevkxg"fkuqtfgtu"tgegkxgf"vjg"jkijguv number of mood stabilizers (0.8 per person) as well as the jkijguv"pwodgt"qh"HICu"*306"rgt"rgtuqp+."cu"ujqyp"kp"Vcdng I. Patients with schizophrenia were the least likely to receive UICu."jcxkpi"vjg"nqyguv"cxgtcig"qh"205"UICu"rgt"rgtuqp0 Jqygxgt."vjg{"ygtg"oqtg"nkmgn{"vq"tgegkxg"HICu."jcxkpi"vjg jkijguv"pwodgt"cxgtcig"qh"306"HICu"rgt"rgtuqp0 Patients diagnosed

ykvj"c"dkrqnct"oqqf"fkuqtfgt."uejk|qc gevkxg"fkuqtfgtu."cpf cewvg"ru{ejquku"tgegkxgf"vjg"jkijguv"pwodgt"qh"UICu"*208 drugs per person).

Rcvkgpvu"fkcipqugf"ykvj"U\CIFKR"tgegkxgf"c"tgncvkxgn{ low dose of antipsychotics (900.0 ± 673.9mg CPZeq), but paradoxically this was accompanied by having the highest number of anticholinergics prescribed (0.3 per person). Those diagnosed with acute psychosis (n=9) received the highest number of antipsychotics (1.9 per person), which corresponded to having the highest average dose of antipsychotics per person (1038.9 ± 739.8mg of CPZeq). Unexpectedly, these participants received the lowest of anticholinergics (0.2 per person).

Among the 163 patients on antipsychotics, 77 (47.2%) received oral haloperidol, representing the most commonly wugf"HIC0"Hnwrjgpc|kpg"fgecpqcvg"kplgevkqp"ycu"vjg"oquv preferred intramuscular depot, administered to 42.3% (n=69) of the participants. The most preferred anticholinergic was trihexyphenidyl (benzhexol) oral formulation used on a *pro re nata"*cu"pggfgf+"dcuku0"Vjg"oquv"rtguetkdgf"UIC"ycu"vjg oral formulation of olanzapine, which was issued to 25.2% of the patients (n=41). Risperidone was the second most rtghgttgf"UIC."yjkej"ycu"rtguetkdgf"vq"55"rctvkekrcpvu (20.2%). Some of the other injectable depots that were used included zuclopenthixol decanoate injection (n=15, 9.2%) cpf"łwrgpvkzqn"fgecpqcvg"*p?34."906'+0

Vjgtg"ycu"c"ukipkłecpvn{"jkijgt"ejcpeg"qh"rctvkekrcpvu"wukpi a mood stabilizer to receive a relatively high dose of CPZeq (P = 0.001), as shown in Table I. Similarly, participants receiving a high dose of antipsychotics had a higher chance of being on an anticholinergic drug (P = 0.004). Those rctvkekrcpvu"yjq"jcf"pq"eqoqtdkfkv{"jcf"c"ukipkłecpvn{ higher chance of receiving a high dose of antipsychotics (P = 0.002).

Jcxkpi"cv"ngcuv"c"ugeqpfct{"gfwecvkqp"ycu"cuuqekcvgf"ykvj"vjg rtqdcdknkv{"qh"tgegkxkpi"hgygt"UICu"*QT"?"202:."R?202132+0 Jcxkpi"c"jkijgt"pwodgt"qh"HICu"rtguetkdgf"ukipkłecpvn{ increased the odds of a patient receiving a supramaximal dose by up to 18 times (P <0.001).

There was male predominance (64.7%) among the rctvkekrcpvu."ujqykpi"vjcv"oentcl"knnpguueu"oquvn{"c"gevgf" males more than females. This was similar to other study done in Kenya (55.49%) and Sudan (57%), where the majority were male (Ndetei et al., 2008); Mohamed & Yousef, (2020); Katayi (2014). The rate of polypharmacy in this study was at 60%, almost similar to that in Qatar at 58.8% and Asia, where 45.7% had more than one antipsychotic Ouanes et al. (2020). A study in the USA had a polypharmacy rate of 79 ' "*Hctkgu"gv"cn0."4227+."Lcrcp"8; ' "*Kvq"gv"cn0."4227+."yjkng" Korea had the lowest rate at 9.0% (James et al., 2018). Some studies support the use of polypharmacy, suggesting that combining drugs could reduce rehospitalisation (Maenner et al., 2014). Polypharmacy is applicable in exceptional instances such as during cross-titration of antipsychotics, cwiogpvkpi"vjg"ece{qf"enq{crkpg."cpf"yjgp"ocpcikpi" rctvkewnct"ukfg/g gevu."cpf"yjgp"ctcrf"vtcpswknk|cvkqp"ku" pggfgf"*Eqppqn{"("Vc{qt"gv"cn0."4236+0"Jqygxgr."vjgtg" is no conclusive evidence for this practice, and clinical guidelines primarily emphasize monotherapy.

One patient was on a drug holiday. This practice is thought to "re-sensitize" neurons to the acute pharmacological activities of antipsychotics. It is also helpful in treating tardive f{umkpiuksc"*Dgrioocp"gv"cn0."423:+"cpf"pgwtqngrvke"ocnkipcpv" u{pftqog"*Vc{qt"gv"cn0."4243+0""Jqygxgr."vjku"eqogu"ykvj" the risk of poor compliance to therapy, thus destabilizing c" rcvkgpv" cpf" rtgugpvkpi" c" fk ewnv{" kp" fkuvkpiwkujkpi" fkueqpvkpwcvkqp"cpf"tgdqwpf"gevu"*Dgrioocp"gv"cn0."423:+0

Fgurkvg"vjg"hcev"vjcv"UGCu"ctg"rtegekxgf"vq"dg"owej"uchgr" vjcp"vjg"HGCu"dgecwug"vjg{"jcxg"c"tgfwegf"tkuu"qh"ecwukpi" gzvtcr{tcokfcn"ukfg/g gevu"cpf"cfxgtug"pgwtqnqikecn"g gevu." the rate of their use was relatively low at 45.2% compared to other countries such as Arab countries (95.6%), China (86.6%), Turkey (96.9%), Korea (93%), India (93.5%) and New Zealand (87.0%) (Van Kammen, 2001). The same fk gtgpeg"ycu"pqvkecedng"kp"vjg"jkijgr"wug"qh"HGCu"*9;04 ' +" compared to other countries such as Arabian countries (23.4%), Turkey (17.2%), New Zealand (13.0%), India (33.81%) and Korea (7%) (Van Kammen, 2001). This may be explained d{"vjg"gzqtdkvcpv"equv"qh"cpf"jgpeg"wpcxcknckdknkv{"qh"UGCu"kp" resource-limited settings such as Kenya.

Jcnqrgtkfqn" ycu" vjg" oquv" eqoooqpn{" wugf" HGC." yjkng" łwrjgpc|kpg" ycu" vjg" oquv" htgswgpvn{" wugf" kplgevcdng" formulation as observed in Sudan, Mohamed & Yousef, (2020) and Korea (James et al., 2018). Olanzapine was vjg" oquv" rtghgttgf"UGC"kuuwgf"vq"47 ' "qh"vjg"rctvkekrcpvu." followed by risperidone at 20%. Although both olanzapine cpf"tkurgrkfqpg"ctg"ygnn"vqngrcvgf"cpf"g ecekqwu."qncp|crkpg" has been consistently associated with a greater reduction in the severity of psychiatric illnesses, improvement of negative symptoms (James et al., 2018), and less extrapyramidal g gevu"*Ujqjc"Ujchvk"("Ikncpkrqqt."4236+"cpf"rgrjcru"vjg" oquv"rtghgttgf"UGC"comqpi"vjg"rctvkekrcpvu0

The dose of CPZeq is a measure of whether a patient received c" uvcpfctf" fqug" qh" cpvkru{ejqvkeu" *Ö3222 o i" qh" ER\gs+" or a higher than the recommended dose of antipsychotics

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Cfguqᴨc" CQ." Cpq|kg" KI." Gtqjwdkg" R." Lcogu" DQ0" *4235+0"
Prevalence and correlates of "high dose" antipsychotic prescribing:
Łpfkpiu"htqo"c"jqurkvcn"cwfkv0"*Ann Med Health Sci Res, 3*(1):626-6.