

The US Military And Off-Label Antipsychotic Use

By Ed Silverman // [June 14th, 2012](#) // 12:27 pm



For the past several years, a curious trend has occurred in the US military – a growing number of service members have been regularly prescribed popular antipsychotics, which are approved to treat schizophrenia and bipolar disorder, for various off-label uses, notably insomnia and post-traumatic stress disorder. From 2002 to 2009, prescribing rose tenfold, according to a February memo from US Assistant Secretary of Defense Jonathan Woodson.

At the same time, antidepressant prescribing had barely changed, even though some antipsychotics can be used as adjunct therapy for treating depression. One US Army official last fall speculated to [Psychiatric News](#) that antipsychotics may have been preferable to other drugs that can cause addiction, such as benzodiazepines, or widely prescribed sleeping pills, such as Ambien, that have been linked to sleepwalking.

But growing concern over links between antipsychotics – especially Seroquel, which is the most widely prescribed antipsychotic by the US military – and irregular heartbeats is prompting moves to restrict usage. For instance, a retrospective review of 692 patients who were prescribed Seroquel at the Madigan Army Medical Center in 2007 and 2008 found that only 3.4 percent received the drug for an approved use, which would also include adjunct treatment for depression.

However, 60 percent received the drug for insomnia, 19 percent for anxiety, 12 percent for mood disorders and 8 percent for post-traumatic stress disorder. Yet, only 18 percent were screened for irregular heartbeats and 126 underwent an EKG, with 11 percent showing abnormal heart rhythms, according to a presentation at the American Academy of Sleep Medicine annual meeting ([here is the presentation – see page A179](#)).

Such findings underscore the concerns. Last year, the armed services issued 54,581 prescriptions for Seroquel alone, the most for any antipsychotic — and more than 2.5 times the number of prescriptions for the second-most prescribed atypical antipsychotic, Abilify, and nearly four times the number for Risperdal, according to information obtained by [Military Times](#) under a Freedom of Information Act request.

In 2003, Military Times reports, service members were diagnosed with insomnia at a rate of 30 per 10,000. By 2009, the rate had jumped to 226 per 10,000. Prescriptions for Seroquel rose 27-fold in the same time period. And according to The Associated Press, in 2009, the Pentagon spent \$8.6 million on the drug, while the Veterans Affairs Department spent \$125.4 million. That

same year, results of a proof-of-concept study showed Seroquel benefited patients with post-traumatic stress disorder (see [this](#) and [this](#)).

Meanwhile, a 2008 study in the British Journal of Clinical Pharmacology showed patients taking more than one drug that can cause irregular heartbeats had 4.8 times the risk of cardiac arrest ([look here](#)). A study the following year in The New England Journal of Medicine found the rate of sudden cardiac death doubled for those taking atypical antipsychotics, and there were three such deaths each year for every 1,000 patients taking such a drug ([here is the abstract](#)). The risk of a fatal heart event also increased with dosage, the Military Times notes.

Moreover, mixing antipsychotics with others that cause irregular heartbeat, known medically as QT prolongation, could cause more harm and, possibly, death. “We saw this strong relationship between the antipsychotics and sudden death ... and all the information we had pointed to the drugs as the cause,” lead author and Vanderbilt University researcher Wayne Ray tells the paper. “Our findings... would suggest avoiding other medications that prolong QT whenever possible because when you give two together, you’re... increasing the patient’s risk.”

So what is the military doing? In his February 22 memo, Woodson wrote to the various branches of the armed forces that “providers should use caution when these agents are used as sleep aids in service members struggling with substance use disorders, especially given the risk of such side effects as glucose dysregulation and cardiac effects” ([here is his memo](#)).

Since then, the US Army decided Risperdal should not be prescribed because its risks outweigh benefits, and providers who prescribe other such drugs, including Seroquel, “must clearly document their rationale” and receive informed consent from the patient, according to the Military Times, adding that the US Navy agreed to monitor providers and flag those who prescribe the most atypical antipsychotics off-label for additional review.

The Air Force, which prescribes atypical antipsychotics to “fewer than 0.15 percent of airmen,” will review provider prescribing practices and counsel those who show a pattern, the paper writes. And the Washington, D.C., area medical command will conduct periodic evaluations of drugs prescribed to patients with post-traumatic stress disorder and follow-up evaluations to see whether further monitoring is needed. Also, a service member taking an antipsychotic was disqualified from being deployed to Iraq or Afghanistan without explicit permission from the Central Command surgeon.

Whether the military is increasing monitoring of drug interactions is unclear. We asked for comment and will update you accordingly.

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- [Why Are So Many Soldiers On Antipsychotics?](#)