New drug naming system unveiled at ECNP in Berlin

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What's in a name? Doctors have found that the name of the drug you are prescribed significantly influences how the patient sees the treatment. Now in a significant shift, the world's major psychiatry organisations are proposing to completely change the terminology of the drugs used in mental disorders shifting it from symptom based (e.g. antidepressant, antipsychotic etc.) to pharmacologically based (e.g. focusing on pharmacological target (serotonin, dopamine etc.) and the relevant mode of action). This will mean that patient will no longer have the confusion of being prescribed a drug for what appears to be an unrelated condition, but also means that drug names will be more understandable to doctors.

The new terminology is being presented to international clinicians at the European College of Neuropsychopharmacology conference in Berlin. This international launch marks the start of a process of discussion and negotiation between academics, clinicians, pharmaceutical companies, and regulatory bodies. The rigorous nature of the new nomenclature means that this can be supported by an app, which will assist clinicians in making the correct treatment choices. This beta 1 version of this app will be also available in Berlin.

In psychiatry, drug names can cause more problems than they solve; for example, a patient may be being treated for anxiety, and yet may be prescribed an "antidepressant" or an "antipsychotic," and the stigma of being prescribed an antipsychotic can make the patient even more anxious. Often this means that patients stop taking the drug for fear of the association with the different disease.

The terminology of the drugs used by Neuropsychopharmacologists (mostly psychiatrists looking at how drugs affect the mind) is based on a classification developed in the 1960's. This often leads to confusion in both patients, and a lack of clarity in doctors.

As Professor Josef Zohar (Tel Aviv, Israel), leading the international nomenclature project said:

"As in many fields, what we know about drugs has evolved enormously since the 1960s, but the names we use to describe these drugs have not evolved in 50 years. As an analogy, I mostly use my smartphone to type SMS text messages, yet I would not call it a "typewriter," as I would have in the 1960's; the names need to reflect our contemporary knowledge. If this is true of electronics, it is certainly true of medicines."

Most drugs have more than one effect, and this can lead to great confusion in patients. For example, some 'antipsychotics' are used to treat depression (somewhat like Aspirin is taken for headaches, but also to help prevent heart disease). So the Joint Taskforce on Nomenclature has agreed that the nomenclature of drugs used in mental health need to reflect how the drugs work, rather than any one single use (This is what already happens in some fields such as hypertension).

Professor Zohar continued:

"This is more than just a name change. This will change the way we talk about medications, the way we use medications and the way we explain to our patients why we are selecting the specific medications for them. We can also use the new naming system to help a clinician make informed decisions. We are proposing that the naming system will have 4 components or 4 axes."

- Axis 1 describes pharmacological target and mode of action

- Axis 2 describes approved indications – what the drug is used for
- Axis 3 describes efficacy and major side effects
- Axis 4 gives the neurobiological description.

As an example the drug fluoxetine (also known as Prozac, etc.) is currently classified as an antidepressant, but is also used for bulimia and other indications. Obviously, suffering from bulimia and being given an antidepressant is potentially confusing. Under the new classification fluoxetine would be described as follows:

1. Class/ mechanism: Serotonin, reuptake inhibitor
2. Indications: Major depressive disorder, obsessive compulsive disorder, bulimia nervosa, panic disorder (and others)
3. Efficacy: Improves symptoms of depression and anxiety and reduces compulsive behaviour and obsessional thoughts.
4. Side effects; GI symptoms, anxiety, changes in sleep early in treatment, sexual dysfunction
5. Neurobiological description: Neurotransmitter actions / Physiological / Brain Circuits are all listed in the new classification.

Note: the above points 1-4 are not the complete listing for Fluoxetine, please see the Nomenclature book for more details.

American College of Neuropsychopharmacology representative to the expert group, Professor David Kupfer (University of Pittsburgh), said:

"This change in terminology represents a major shift in the way which clinicians, and their patients, will think about the drugs they use. This new system is being launched at the ECNP in Berlin, so there is a long period of negotiation and discussion to come before we get complete agreement. Nevertheless, this will mean a real change in the way we talk about the drugs used in psychiatry and neuroscience."

Provided by European College of Neuropsychopharmacology

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