

SHPA response to the National Dementia Action Plan 2023-2033, January 2023

1. Do you think the proposed vision is right? Please provide further comments/reasons for your response

SHPA agrees with the vision that people living with dementia and their carers are able to have the best quality of life possible. Furthermore, SHPA supports a multidisciplinary approach not only within hospitals and community settings, but across all transitions of care. As the vision outlines, this will ensure that anyone living with dementia will be fully supported throughout their journey.

Medications are essential in treating chronic health conditions in older people and, when used safely, are effective and improve quality of life. However, if overprescribed, poorly monitored or otherwise mismanaged, medications have the potential to cause adverse effects and may cause or worsen geriatric syndromes and symptoms such as dementia, delirium and incontinence and increase the risk of falls. Studies indicate that 20% of all medications used in older Australians are potentially inappropriate.¹

People living with dementia and their carers regularly utilise pharmacists to manage their medications in hospital and community pharmacy settings as well as at transitions of care. Older people are commonly exposed to medication errors during and after transitions of care, such as into and out of hospital, or into residential aged care or respite care. A multidisciplinary approach must involve pharmacists in all settings where medicines are being prescribed to support people living with dementia at any stage of their journey.

2. Do you think the proposed objectives are right?

SHPA supports the proposed objectives. In particular, objective four: Improving treatment, coordination and support along the dementia journey and objective six: building dementia capability into the workforce.

3. Do you think the proposed focus areas are right?

Yes, SHPA supports the proposed focus areas. However, under objective four, one of the focus areas should be on medication management and quality use of medicines. Focus should be on the prevention of medicine related harms that arise from inappropriate use which can be supported by a multidisciplinary approach that includes pharmacists. This will support the longer-term goal outlined under objective four of the consultation paper to reduce length of hospital stay for people living with dementia.

4. Do you think the proposed actions are right?

SHPA strongly agrees with the action point for objective four – *‘increase in the percentage of people living with dementia with a medication review’*. Of those people with dementia that have Alzheimer’s disease, early intervention with medications acetylcholinesterase inhibitors or memantine is often required to reduce the rate of cognitive and functional decline.² Combination treatments may be required which requires specialist medication reviews at all stages of the disease. A pharmacist working in collaboration with a multidisciplinary team would be best placed to support a review of these medications. Pharmacists can also prompt deprescribing where appropriate as well as assessing for anticholinergic burden which can worsen cognitive function.³

Under objective six, the proposed actions include mandatory training on managing Behavioural Psychological Symptoms of Dementia (BPSD). This should be extended to all healthcare professionals and is vital to avoid inappropriate use of medications for BPSD. Embedding this training into undergraduate degrees can also

assist in this. Pharmacists working collaboratively in multidisciplinary teams can extend this education to colleagues and prevent inappropriate medications being prescribed to people with dementia.

In addition, under objective six, it should be noted that the aged care workforce includes pharmacists. Pharmacists are on the 2022 Skills Priority list in many jurisdictions and so the action point of increasing the size of the aged care workforce must address this.

5. Please describe the key changes or actions that would make a significant improvement in the life of a person living with dementia or their carer?

Access to a pharmacist at transitions of care would ensure that treatment plans following entry or exit from a healthcare service are not only continued but also reviewed. This could reduce inappropriate prescribing of medications and simplification of the medicine regimen, improving the quality of life of the person living with dementia and their carer.

Reducing the prescribing of inappropriate medications for BPSD, could be supported by pharmacists specialising in pain management as reported in the consultation paper where mismanaged or undiagnosed pain continues to be the primary cause of changed behaviour.

6. If improvements are made, what would a best possible dementia journey look like in 10 years' time?

All healthcare staff looking after those with dementia would be aware of the appropriate management of BPSD or could refer to a specialist such a pharmacist who could provide education on quality use of medicines as well as performing regular medication reviews.

Pharmacists would be available at all transitions of care to provide a seamless journey between healthcare services.

7. Please include anything else that you would like to say

SHPA convenes a Geriatric Medicine specialty practice group comprised of pharmacists who specialise in providing care to elderly Australians in all healthcare settings. SHPA is a proud member organisation of the Australian Commission on Safety and Quality in Health Care's Caring for Cognitive Impairment Campaign and was the first pharmacy organisation to join Choosing Wisely Australia, with one of our recommendations being '*Don't initiate and continue antipsychotic medicines for behavioural and psychological symptoms of dementia for more than 3 months*'.

As outlined in SHPA's *Position statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services*⁴, SHPA recommends the Inclusion of Geriatric Medicine Pharmacists in broader hospital-based multidisciplinary aged care outreach services. These pharmacists have an opportunity to conduct comprehensive medication reviews to ensure safe and quality use of all medications prescribed and, where appropriate, achieve medication regimen simplification for people living with dementia.

A further recommendation Implementation of Psychotropic Stewardship programs involving Geriatric Medicine Pharmacists in all hospitals and aged care settings to prevent the over-reliance on chemical restraint in older people as described in *The Royal Commission into Aged Care Quality and Safety: Final Report*.⁵

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.



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References

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- ² Raina P., Santaguida P., Ismaila A., et al. (2008). Effectiveness of cholinesterase inhibitors and memantine for treating dementia: Evidence review for a clinical practice guideline. *Annals of Internal Medicine*. 148(5):379–97.
- ³ Guideline Adaptation Committee. (2016). Clinical practice guidelines and principles of care for people with dementia. Sydney: NHMRC Cognitive Decline Partnership Centre. Available at: https://www.nhmrc.gov.au/sites/default/files/images/CDPC-Dementia-Guidelines_WEB.pdf
- ⁴ The Society of Hospital Pharmacists of Australia. Position statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services.
- ⁵ Australian Government. (2021). Royal Commission into Aged Care Quality and Safety. Final Report: Care, Dignity and Respect. Volume 1 Summary and recommendations.

