Pharmaceutical Benefits Advisory Committee

Restricted prescription of antipsychotics in residential aged care

October 2021

Improve the health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 7300 members, including around 5300 qualified psychiatrists.

The RANZCP is guided on policy matters by a range of expert committees including the Faculty of Psychiatry of Old Age. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

Key findings

- Older people require the same full spectrum of health interventions as other people, from prevention to early intervention and clinical care workforce
- The practicalities of Recommendation 65 should be considered due to limitations on the current psychiatric workforce which is predicted to undergo even further shortages in the next few years
- Proposed restriction of Pharmaceutical Benefits Scheme (PBS) antipsychotic scripts within aged is likely to have an unintended outcome of shifting prescribing to non-PBS medicines which have greater risks for patients.

Introduction

The RANZCP welcomes the opportunity to contribute to the Pharmaceutical Benefits Advisory Committee’s consideration of the Royal Commission into Aged Care Quality and Safety Recommendation 65: Restricted prescription of antipsychotics in residential aged care.

The recommendations contained within this submission are based on extensive consultation with the RANZCP Faculty of Psychiatry of Old Age Committee which is made up of psychiatrists with direct experience working to improve the mental health outcomes of older persons. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.
Implications of specialist geriatric and psychogeriatric access in residential aged care for psychotropic prescribing

The RANZCP emphasises that older people require the same full spectrum of health interventions as other people, from prevention to early intervention and clinical care. As described in the RANZCP's submission to the Productivity Commission, there is an ongoing need to appropriately commission residential aged care and older adult community health services.

The RANZCP strongly advises that from the outset, behavioural interventions should always be trialled prior to considering the use of any class of psychotropic medications for Behavioural and Psychological Symptoms of Dementia (BPSD) management. Psychiatrists, as specialist mental health professionals, have a significant role in advising on managing behavioural outcomes from mental illness, including de-prescribing for older people.

The RANZCP fully supports reducing the use of restrictive practices including chemical restraint which has been documented as an issue within residential aged care. The RANZCP emphasises that not all psychotropic use within aged care equates to chemical restraint. Many older adults, for example, require certain psychotropics to treat depression. Eighty-five per cent of residential aged care facility residents have been diagnosed with at least one mental health or behavioural condition.

In our response to the Royal Commission into Aged Care Quality and Safety Interim Report, we noted that limiting the prescription of antipsychotic medications in residential aged care facilities to registered psychiatrists has many areas of merit. However, if the proposed limitations are implemented, the RANZCP has concerns about the practicalities of this change due to limitations on the current psychiatric workforce which is predicted to undergo even further shortages in the next few years, placing extra demand on psychiatry services which will impact on access to care for older people.

In our Royal Commission into Aged Care Quality and Safety submission, the RANZCP highlighted the key factors which appear to contribute to high prescription rates of psychotropic prescribing include the limited time available to general practitioners (GPs) to consult with individuals with complex needs, pressure from other staff to prescribe to manage challenge behaviours, and a general overreliance on prescribing rather than behavioural interventions.

PBAC scope of antipsychotics medicines that may be considered

The RANZCP has no further comment to make on the list of medicines which should be considered.

Unintended consequences should amendments to the PBS listings for antipsychotics be made according to recommendation 65

The RANZCP would like to highlight that restricting Pharmaceutical Benefits Scheme (PBS) antipsychotic scripts within aged care to psychiatrists, geriatricians, and GPs (after initial prescription from a psychiatrist or geriatrician) only, is likely to have the perverse unintended outcome of shifting prescribing to non-PBS (private) scripts for the older, more toxic agents such as haloperidol and chlorpromazine, which have greater risks in terms of side effects. Restrictions on antipsychotics may just also shift prescribing from antipsychotics to other psychotropic classes, e.g. benzodiazepines which will have further consequences which must be considered.

Additionally, tricyclic antidepressants (or alternative mood stabiliser drugs such as valproic acid) which may be used off-label for managing BPSD, might be prescribed in place of antipsychotics to avoid being limited by the proposed regulations. These medications also have greater risks to older patients.

The RANZCP emphasises that recommendation 65 does not take into account those who are either...
receiving antipsychotics for pre-existing conditions or those discharged on antipsychotics (which is not initiated under the PBS) from hospital to residential aged care facilities, leaving GPs with limited actions available to them. These patients would need exemption from any proposed restriction.

Other issues relating to this matter

The 65 and over population in Australia is expected to more than double between now and 2057, and it is expected that the number of older Australians with mental illness will grow accordingly. At present, aged care services do not meet the mental health needs of older Australians. There is a clear need to re-evaluate, reform and fully-fund the aged care system in Australia.

The RANZCP highlights there is an opportunity to implement significant investment in residential aged care to ensure that the workforce is appropriately trained, staffed, resourced, and remunerated. The aged care workforce requires appropriate training to manage mental health presentations, including the behavioural and psychological symptoms of dementia.

Another key issue relating to the proposed implementation of limiting antipsychotic prescribing to certain sub-specialities, is how this impacts the geriatric health workforce in rural and remote communities. Significant investment is required to address the existing inequalities in mental health status and service provision that exist between rural and metropolitan areas, to redress severe workforce shortages in rural areas and raise the profile of rural training opportunities.

Alternative solutions to limit the inappropriate use of antipsychotic medications

1. **Invest in the upskilling of the aged care workforce and include specialised training for staff working with residents living with dementia**

   The RANZCP believes emphasis should be placed specifically on developing a medical workforce, including GPs, psychiatrists and other medical specialists, to meet the complex health needs of the growing group of older people in Australia.

   The RANZCP believes that emphasis should be placed on ensuring that all aged care staff and management, including allied health professionals, aged care workers and GPs, have the training and experience to manage complex mental health issues in aged care. It is crucial that primary health staff in residential aged care facilities (RACFs) and the aged care sector provide care for the behavioural and psychological symptoms of dementia according to the relevant guidelines, including the NHMRC Clinical Practice Guidelines and Principles of Care for People with Dementia

   Funding should be directed to upskilling the aged care workforce, particularly with regard to mental health, and ensuring appropriate services are available for people with the behavioural and psychological symptoms of dementia. The RANZCP believes emphasis should be placed specifically on developing a medical workforce, including GPs, psychiatrists and other medical specialists, to meet the complex health needs of the growing group of older people in Australia.

   Alternatively, other models of care which promote the adoption of non-pharmacological management strategies could be valuable as demonstrated in the Australian Halting Antipsychotic Use in Long-Term (HALT) trial, which aimed to reduce inappropriate antipsychotic use in long-term care residents with behavioural and psychological symptoms of dementia.[1]
To ensure safe and high-quality care is delivered to all individuals, there needs to be more education and training for staff working in aged care, in particular residential aged care. This should focus on the mental health needs of older people, including specific, detailed programs on the behavioural and psychological symptoms of dementia, from mild to severe.

The RANZCP is willing to work with relevant stakeholders to determine how we might support the delivery of educational modules in relation to the BPSD, psychotropic prescribing, assisting in the delivery of specialist input into a modified training curriculum, or the delivery of continuing medical education events.

2. Increase Federal, State and Territory government resourcing for specialist dementia care units

While advocacy groups in Australia promote dementia as a neurodegenerative disorder and therefore solely in the remit of aged care services, the fact is that psychiatrists have a significant role in the assessment and management of the behavioural and psychological symptoms. On this basis, it is important that State, Territory and Commonwealth governments agree on the role of public aged psychiatry services in the management of dementia and ensure that States meet their obligations to fund and provide specialist mental health services to older people experiencing dementia. Notably, a key part of this agreement should be to fund the development of clearer guidelines for BPSD referrals to state Aged Persons’ Mental Health Services (APMHS) and Dementia Support Australia (DSA).

The RANZCP acknowledges the announcement and implementation of Specialist Dementia Care Units (SDCUs) to support people who experience very severe BPSD. Individuals with BPSD require a comprehensive care pathway which encapsulates a range of stepped care options, each providing for a defined range of individuals with differing levels of BPSD. Well-resourced services must be available to ensure appropriate and graduated levels of care, particularly for individuals with the most severe versions of BPSD.

The RANZCP believes that, with appropriate support and resources, the SDCUs can provide a valuable service, within the stepped care model, for those with BPSD. However, we feel that the current projected number of SDCUs is insufficient to meet demand, and further resourcing should be allocated to the program to ensure the needs of individuals with BPSD are met. Any additional resourcing must not lead to reduced State funding.

3. Fund the development of a new National Framework for Action on Dementia

Among people aged 65 and over, dementia was the second leading cause of total burden of disease in 2011 (accounting for 7.8% of years of life lost due to illness or death) and the leading cause of non-fatal burden. While dementia clearly is a biological substrate, it is important to acknowledge that the common psychiatric complications of dementia require the involvement of psychiatrists as experts in case, treatment, and support.

RANZCP members with significant experience in the aged care sector have raised specific concerns about dementia as the single most important contributor to psychiatric symptomology within residential care. The RANZCP believes that. On this basis, psychiatrics expertise should be utilised to guide and develop a new National Framework for Action on Dementia.
Royal Australian and New Zealand College of Psychiatrists submission
Royal Commission into Aged Care Quality and Safety Recommendation 65:
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References