

Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care – Draft for Public Consultation

Written Feedback Form

Please return feedback by Friday 6 May 2022 via to email to
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Organisation Name	Reviewers Name	Contact Details	Recommendation #	Guideline Section or Page Number	Feedback
Carers Australia	Anne Muldowney and Sue Elderton	amuldowney@carersaustralia.com.au selderton@carersaustralia.com.au		Title 4. Plain Language Summary	<p>Although the title specifies it is relevant to residential aged care, the Plain Language Summary states it is also relevant to people living with dementia who receive high level home care packages. While at least half a million Australians are living with dementia, less than a fifth of them are living in residential care at any point in time. The majority are living at home with the support of family and friend carers.</p> <p>Carers Australia recommends a change of title: <i>Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia using Home and Residential Aged Care Services</i></p> <p>We also recommend that the Guidelines are adjusted to include specific recommendations for community dwelling people living with dementia and aged care facility residents and for people experiencing transitions of care e.g. during episodes of residential respite care, hospitalisation and during transition to permanent residential care.</p> <p>Carers Australia further recommends, given current aged care reforms that all references to “home care packages” are replaced with “aged care at home”, “home care” or similar.</p>
				2. About this Guideline	Consistent with the glossary definitions of “carer” and “care worker”, change: “informal and formal carers” to: <i>informal carers and formal care workers</i> .

				Preferences and Values p. 5	
				3. Executive Summary General Principles p.7	<p>Recent research shows the most important medicine use priority of people living with dementia and their carers is enabling shared decision-making between healthcare professionals, people living with dementia and their carers: https://www.unisa.edu.au/contentassets/2d8ac29ded59444490d5c4fc9614bd8a/top-10-priorities-medicines-dementia-brochure.pdf</p> <p>While the Guidelines reference large amounts of evidence on the importance of carer inclusion in shared decision-making on psychotropic medication use, carers are notably absent from the Good Practice Statements and Conditional Recommendations.</p> <p>To improve the relevance of these guidelines to people not yet living in residential aged care (see recommendation above), all references to the resident, support person and/or their substitute decision-maker should read: the person living with dementia, their carer/support person and/or their substitute decision-maker.</p> <p>Having higher behavioural support needs is strongly predictive of entry into residential aged care, making it prudent for the guidelines to pay particular attention to shared decision-making about use of psychotropic medications among both community dwelling people living with dementia and their carers as well as residential care users.</p>
				5. Introduction	<p>Aboriginal and Torres Strait Islander peoples Change: family, community and country To: <i>carers, family, community and country.</i></p>

					<p>People with intellectual disability Change: People living with intellectual disability often have complex care networks and, therefore, it is important that medication changes are communicated among the healthcare team and across transitions of care. To: <i>People living with intellectual disability often have complex care networks and, therefore, it is important that medication changes are communicated among the healthcare team, including family carers as partners in care and across transitions of care.</i></p> <p>Culturally and Linguistically Diverse (CALD) populations Change: When discussing medication treatment, it may be necessary to engage with interpreters and family members who can communicate with and know the person living with dementia best. To: <i>When discussing medication treatment, it is essential to engage with interpreters, carers and other family members who can communicate with and know the person living with dementia best.</i></p>
				6. Consent p.19	<p>The <i>Carer Recognition Act 2010</i> contains a 10-point Statement for Australia’s Carers, including:</p> <p><i>6. The relationship between carers and the persons for whom they care should be recognised and respected.</i></p> <p><i>7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.</i></p>

					Carers Australia recommends that the section on consent specifically references the important role of carers as decision-making supporters for people living with dementia.
				Good Practice Statement 16	To make this statement more relevant to community dwelling people living with dementia and their carers, change: All residents of aged care facilities living with dementia, to: <i>All people living with dementia.</i>
				Good Practice Statement 24	To make this statement more relevant to community dwelling people living with dementia and their carers, change: All residents of aged care facilities living with dementia, to: <i>All people living with dementia.</i>
				Good Practice Statement 33	To make this statement more relevant to community dwelling people living with dementia and their carers, change: All residents of aged care facilities living with dementia, to: <i>All people living with dementia.</i>
				Good Practice Statement 37	<p>The unpaid carer role can include prevention, early intervention and informing a diagnosis, through to complex medical support. The encompasses monitoring of symptoms, side effects and decline, medication management including administering medicines, self-management, hospital avoidance and medical decision-making.</p> <p>To make this statement more relevant to community dwelling people living with dementia and their carers, change: Nurses and aged care staff who care for residents prescribed these PRN medications should be trained to recognise antipsychotic or benzodiazepine adverse events, to: <i>Nurses, aged care staff and family carers who care for people living with dementia prescribed these PRN medications should be trained to recognise antipsychotic or benzodiazepine adverse events.</i></p>

			13. PRN Use of Antipsychotic and Benzodiazepine Medications Resources and other considerations p.73	Consistent with the <i>Carer Recognition Act 2010</i> , delete “caregivers” and replace with “carers”.
			Good Practice Statement 39	To make this statement more relevant to community dwelling people living with dementia and their carers, change: All residents living with dementia should be offered a residential medication management review (RMMR) within three months of admission or discharge to residential aged care, to: <i>All people living with dementia recommended for admission to an aged care facility should be offered a Domiciliary Medication Management Review (DMMR) and a residential medication management review (RMMR) within three months of admission or discharge to residential aged care. DMMRs should include the person’s carer and be targeted to people at higher risk of medication-related harm, including people living with dementia using antipsychotics, benzodiazepines or antidepressants.</i>
			14. Interventions to Improve Use and Appropriateness of	To make this statement more relevant to community dwelling people living with dementia and their carers, change: People living with dementia, their substitute decision-maker, prescribers, registered nurses, pharmacists and residential aged care staff all have an important role in shared decision-making about medications, to: <i>People living with dementia,</i>

				<p>Psychotropic Medications Acceptability p.80</p>	<p><i>their carers, substitute decision-makers, prescribers, registered nurses, pharmacists and aged care staff all have an important role in shared decision-making about medications.</i></p>
				<p>21. Appendix 1 – Glossary p.96</p>	<p>Carers Australia is pleased to see the definition of carer clearly differentiates this unpaid role from that of paid care workers. To reinforce this distinction, the definition should also reference the <i>Carer Recognition Act 2010</i>: https://www.legislation.gov.au/Details/C2010A00123</p> <p><i>Meaning of carer under the Act:</i></p> <p><i>A carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:</i></p> <ul style="list-style-type: none"> <i>a) has a disability; or</i> <i>b) has a medical condition (including a terminal or chronic illness); or</i> <i>c) has a mental illness; or</i> <i>d) is frail and aged.</i> <p><i>An individual is not a carer in respect of care, support and assistance he or she provides:</i></p> <ul style="list-style-type: none"> <i>a) under a contract of service or a contract for the provision of services; or</i> <i>b) in the course of doing voluntary work for a charitable, welfare or community organisation; or</i> <i>c) as part of the requirements of a course of education or training.</i> <p><i>To avoid doubt, an individual is not a carer merely because he or she:</i></p>

					<p>a) <i>is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or</i></p> <p>b) <i>lives with an individual who requires care.</i></p>
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