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Via email: michelle.steeper@monash.edu

Dear Michelle,

RE: Public consultation for Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to review the *Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care* (the Guideline).

The healthcare needs of residents in Residential Aged Care (RAC) are high and often complex, involving the management of multiple chronic health conditions. General practitioners (GPs) are key providers of this care to people in RAC.

The RACGP has a strong interest in the care of people in RAC and publishes *Medical care of older persons in residential aged care facilities* (Silver Book), one of the RACGP's flagship clinical publications.

We offer the following recommendations and comments for consideration.

Good practice statement 2

Page 17 highlights that prescribers, pharmacists, aged care providers, nursing and aged care staff all have responsibilities in facilitating the active involvement of people living with dementia in decision-making in relation to use of psychotropic medications. The RACGP recommends that this statement outline these specific roles and responsibilities and align them with existing professional standards and resources.

Good practice statements 4-7

Page 17 refers to good practice around consulting the person and their family prior to prescribing a psychotropic medication (these include a range of antidepressants, antidementia drugs, sleeping tablets and drugs for agitation). While the RACGP agrees with these statements, it should be noted that there is no Medicare Benefit Schedule (MBS) number to support GPs to consult with family members around a patient's medications, which may be a barrier to implementing this recommendation.

Good practice statement 13
Pages 8 and 22 requires a consultation with at least one other healthcare professional (eg geriatrician, psychiatrist, nurse practitioner) before commencing psychotropics. This may not be feasible in rural and remote areas and could result in a significant delay in appropriate treatment, potentially putting staff and other residents at risk of harm while the person with dementia remains undertreated.

Conditional recommendation 14

The RACGP supports conditional recommendation 14 (page 13 and 76) which recommends education about the safe and effective use of psychotropic medications. It is important for regulators to note that GP continuing professional development covers a broad range of topics and that uptake of new training topics takes time. Broad promotion and implementation of funded GP education and training programs on the Guideline will aid in higher uptake. Guidance alone will not necessarily make practitioners aware of these requirements and funding and other reforms to support quality care are also essential.

Non-pharmacological management of behaviours

The Guideline provides recommendations and good practice statements about antipsychotics, benzodiazepines and antidepressants, however, does not provide a standalone section and advice about non-pharmacological management of behaviours associated with dementia.

As psychotropic prescription for dementia and changed behaviours is not recommended as first line treatment, it is important that users of this Guideline are aware that there is a growing body of literature on non-pharmacological management of behaviours associated with dementia. The RACGP recommends that advice and links to non-pharmacological management information is provided within this Guideline.

Responsibility for non-pharmacological management largely sits in the domain of the RAC staff and nurses. In the absence of sufficiently trained RAC nurses in non-pharmacological management techniques, recourse may need to be made to psychotropic medication to relieve the suffering of people with dementia and to avoid harm to staff and other residents.

Inclusion of other medications for the treatment of Dementia

The Guideline focuses on antipsychotics, benzodiazepines and antidepressants (pages 21-85). The RACGP would recommend their other medications are subject to similar considerations, including opioids and mood stabilisers. Furthermore, it should be noted that anti-dementia drugs are also considered as psychotropics, however, different considerations apply to prescription of these medications.

Statement about areas out of scope of the Guideline

The RACGP notes that palliative care and end of life care is out of scope for the Guideline. This should be stated clearly within the Guideline so that GPs understand that the message to avoid psychotropics may not apply in these circumstances.

Adoption of implementation plan

The RACGP recommends that an implementation plan is adopted to ensure important stakeholders are aware of these guidelines once finalised and that appropriate supporting templates be included with the final document. Implementation should recognise that GPs face significant barriers in providing care to residents in RAC, including a lack of recognition of their role as a patient's nominated GP and inadequate clinical, administrative, and financial support. Implementation should also consider and align with the work underway to establish multidisciplinary Medication Advisory Committees to reduced medication relation harm and preventable hospitalisations in RAC. GP members on these committees should be appropriately remunerated.

Thank you again for the opportunity to provide feedback on the Guideline. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, eHealth and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au

Yours sincerely

Dr Karen Price
President