MJA The Medical Journal of Australia Media Release

CHANGE OF GP ASSOCIATED WITH HIGHER PRESCRIBING RATES FOR PATIENTS WITH DEMENTIA IN AGED CARE

EMBARGOED UNTIL 12:01am Monday 19 July 2021

MEDICINE use increases and psychotropic drugs are dispensed at higher rates for people with dementia who change general practitioner (GP) when they enter residential aged care, according to research published today by the *Medical Journal of Australia*.

Researchers from UNSW Sydney, led by Heidi Welberry, a PhD graduand at the Centre for Big Data Research in Health (CBDRH), Professor Louisa Jorm, Director of the CBDRH, and Professor Henry Brodaty, Director of the Dementia Centre for Research Collaboration, set out to examine relationships between changing GP after entering residential aged care (RAC) and overall medicines prescribing (including polypharmacy) and that of psychotropic medicines, in particular.

Welberry and colleagues analysed data from the 45 and Up Study for participants with dementia who were PBS concession card holders and entered permanent RAC during January 2010 – June 2014 and were alive 6 months after entry.

"We found that most people with dementia changed GPs when they entered residential care: 44% to previously unfamiliar GPs, and 29% to GPs known to them but not their usual GPs," Welberry and colleagues reported.

"Residents seeing new GPs were dispensed more medicines, including antipsychotics and benzodiazepines, than other residents; the increase in dispensing after entering residential care was greater for these people; and the proportion subject to polypharmacy was larger."

Inappropriate medicine use was among the problems scrutinised by the Australian Royal Commission into the Quality and Safety of Aged Care, particularly the use of antipsychotics and sedatives as chemical restraints.

"In Australian aged care facilities, psychotropic medicines (antipsychotics, benzodiazepines, antidepressants) are often dispensed to people with dementia, especially soon after entry into residential care, a critical transition point," wrote Welberry and colleagues.

"Changed prescribing for people entering residential care may reflect events that precipitated their entry or their adjustment to their new surroundings.

"For example, antipsychotic medicines can be indicated for treating the behavioural and psychological symptoms of dementia, including hallucinations and agitation.

"However, given the risk of adverse events (including stroke and death), it is recommended that such treatment be of short duration and that non-pharmacological approaches, such as behavioural management therapy, be preferred.

"Despite efforts to reduce prescribing of antipsychotics, rates remain high in residential aged care," they wrote.

Welberry and colleagues wrote that their findings suggested that "the transition to a new GP is an independent factor that influences increased prescribing in residential care".

"Prescribing could be reduced by recognising the difficulties faced by GPs caring for new patients in residential care," they wrote.

"Better support could be provided by promoting continuity of care or more structured handover of GP care, such as multidisciplinary care planning during residential care entry, including geriatrician and medication reviews.

"While it may be impractical for GPs to continue caring for all their patients who enter residential care, removing financial and administrative barriers, as highlighted by the Australian Medical Association, may assist continuity of care," they concluded.

All *MJA* media releases are open access and can be found at:
https://www.mja.com.au/journal/media

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS: Emi Berry
UNSW Sydney Communications
Ph: 0413 803 873
Email: e.berry@unsw.edu.au