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MEDIA RELEASE

PSYCHOTROPICS: DISPENSING RATES HIGH BUT HIGHER AFTER ENTRY TO AGED CARE FACILITIES

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PSYCHOTROPIC dispensing rates for older Australians are generally high, but increase markedly when they enter residential care, according to research published online today by the *Medical Journal of Australia*.

Dr Stephanie Harrison, a Research Fellow at the South Australian Health and Medical Research Institute's Registry of Senior Australians, and colleagues analysed the data from all concession card-holding residents of government-subsidised residential aged care facilities (RACFs) in Australia who entered residential care for at least 3 months between 1 April 2008 and 30 June 2015.

They found that of 322 120 included aged care residents, 68 483 received at least one antipsychotic (21.3%), 98 315 at least one benzodiazepine (30.5%), and 122 224 residents at least one antidepressant (37.9%) during their first 3 months of residential care; 31 326 of those residents dispensed antipsychotics (45.7%), 38 529 of those dispensed benzodiazepines (39.2%), and 25 259 residents dispensed antidepressants (19.8%) had not received them in the year preceding their entry into care. During the first 3 months of residential care, the prevalence of antipsychotic and antidepressant dispensing were each higher for residents with dementia than for those without dementia.

"Psychotropic medicines can be appropriate if used in accordance with guidelines, at the lowest therapeutic dose, and with adequate monitoring," Harrison and colleagues wrote.

"However, concerns about their use in RACFs as chemical restraints — that is, for influencing a person's behaviour — have grown in Australia and overseas.

"Moving to an RACF can be distressing for new residents because of the unfamiliar surroundings, the reduced contact with family, and the need to adapt to a new lifestyle; new residents may experience agitation, depression, and sleep disturbances after moving to the new environment.

"These problems may lead to increased prescribing of psychotropic medicines, but the extent to which Australians entering RACFs [were] already taking psychotropic medicines and how this changed after entering residential care [was] unknown."

The authors said that of particular concern was that 20% (antidepressants) to 46% of residents (antipsychotics) first received psychotropic medicines in residential care, probably indicating non-adherence to psychotropic medicine prescribing guidelines.

"It has been estimated that only 10% of psychotropic medicine prescribing in residential care for treating behavioural symptoms in people with dementia is appropriate," Harrison and colleagues wrote.

The authors suggested strategies for avoiding the initiation of psychotropic therapy such as "supporting residents with non-pharmacological approaches to managing the behavioural and psychological symptoms of dementia, stress and insomnia".

"These approaches should be person-centred and a wide range of activities tailored to individual preferences, skills and abilities are available. The access of Australian RACF residents to psychologists and psychological services is poor, despite evidence for the effectiveness of psychological therapy for reducing depression in RACF residents. The availability of alternative treatments for people with depression living in RACFs should be improved."

Harrison and colleagues concluded that the underlying reasons for prescribing psychotropic medications should be investigated.

"[It should also be investigated] whether interventions for reducing prescribing should target the periods before and during the transition to residential care," they concluded.

"Prescribing cultures in RACFs need to be examined, and all residential aged care staff should be adequately educated and supported in reducing the reliance on psychotropic medicines for behavioural management."

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CONTACTS: Pete McDonald
 Head of Communications and Development
 South Australian Health and Medical Research Institute
 Ph: 0402 293 078
 Email: pete.mcdonald@sahmri.com