

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **REAL-TIME PRESCRIPTION MONITORING: IMPORTANCE OF FOLLOW-UP CARE**

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RESTRICTING access to high-risk medications via a real-time prescription monitoring program such as Victoria's SafeScript may help reduce inappropriate use, but integrated mental health and drug treatment services may be necessary to offset the risk of increased mortality, according to the authors of a letter published online by the *Medical Journal of Australia*.

Researchers from the Burnet Institute introduced questions about the use of real-time prescription monitoring in to their SuperMIX study – a prospective cohort study of about 1300 people who inject drugs – with the aim of exploring the effects of the introduction of SafeScript.

“We found that 20% of participants (48/242) who used a medicine monitored by SafeScript reported being refused a prescription by a GP,” wrote the authors, led by Dr Dagnachew Fetene and Professor Paul Dietze.

“One-third (16/44) of those who have been refused were requesting the prescriptions for the treatment of anxiety and 45% were refused two or more times by doctors. Three per cent of participants (8/245) reported having a prescription they had already been receiving withdrawn. In addition, six out of 241 participants were refused dispensing of a prescribed medicine by a pharmacist. One-third of participants (15/47) who had been refused a prescription were told this was due to a risky combination of medicines or having multiple providers. A third of participants (14/45) who had been refused a prescription reported an intention to not seek medication from their doctors in the future. Most had moderate to severe anxiety (33/41) and depression (36/41) disorders measured through a self-administered Patient Health Questionnaire (PHQ). In the case of refused prescriptions requested for the treatment of anxiety, ten out of 13 patients had moderate to severe anxiety disorder and 11/13 patients had severe depression disorder, suggesting unmet treatment needs in patients denied prescriptions.”

Fetene and colleagues concluded that what happens after a prescription was refused was important.

“It is important to understand what happens when people are refused prescriptions — what care they receive and whether this care is appropriate for their needs,” they wrote.

“Increased mortality following restrictions to prescribed medicines is reported elsewhere. Rigorous research should evaluate the impact of RTPM use in Australia to understand if similar outcomes are observed.”

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