

30 April 2013

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
email: community.affairs.sen@aph.gov.au

Dear Sir/Madam

Re: Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD)

We thank you for the opportunity to contribute to the above inquiry. Our submission refers to the term of reference *the scope for improving the provision of care and management of Australians living with dementia and BPSD such as reduction in the use of chemical restraints*.

In November 2011 *NPS RADAR* publication included advice to health professionals about the changes to authority listings for the use of donepezil, galantamine, rivastigmine and memantine for Alzheimer's disease. This highlighted the modest effects of these treatments and that treatment is not appropriate for everyone. We also recommended using Mini Mental State Examination (MMSE) or the Standardised Mini-Mental State Examination (SMMSE) to assess patient's eligibility for PBS subsidy of these medicines, and emphasised the need for ongoing review and discontinuation of treatment in the event of poor adherence, significant adverse effects or lack of stabilisation or improvement in symptoms. We flagged that effectiveness of long term use has not been established, with limited evidence of effectiveness with any of the medicines beyond one year.

Moreover we believe the PBS restriction continuation rule and subsidisation limitations currently in place should continue only if there is stronger enforcement and monitoring for compliance. There is evidence of use outside these restrictions, generally relating to continuation of use beyond the recommended period.

The use of Domiciliary Medication Management Reviews (DMMRs) in residential care could also be improved with regards to medication management and chemical restraints. We believe there is a strong need for DMMRs to be required at initiation of treatment and change of treatment. Current practice reflects there being a set period for DMMRS to be completed for all residents at the same time rather than being triggered by individual circumstances.

We are happy to provide additional information on any of these comments if required.

Yours sincerely

Dr Lynn Weekes
Chief Executive