Chapter 5
Repeat analyses

Introduction

This chapter examines changes over time in numbers of Pharmaceutical Benefits Scheme (PBS) prescriptions dispensed for the following items mapped in the first *Australian Atlas of Healthcare Variation*:

- Antimicrobial medicines dispensing, all ages
- Amoxicillin and amoxicillin–clavulanate dispensing, all ages
- Antipsychotic medicines dispensing, 17 years and under
- Antipsychotic medicines dispensing, 18–64 years
- Antipsychotic medicines dispensing, 65 years and over
- Attention deficit hyperactivity disorder (ADHD) medicines dispensing, 17 years and under
- Opioid medicines dispensing, all ages.

These are among the most commonly prescribed medicines in Australia, and are effective treatments when used for the right patient at the right dose and duration, for the right condition. When used outside these indications, these medicines can potentially expose individuals and the community to avoidable harms and unnecessary costs.

The first Atlas showed large variations in dispensing rates of PBS prescriptions for these medicines according to where people live in 2013–14. The findings suggested that some people may be missing out on effective treatment while others may be taking these medicines for little or no benefit.[1]

Introduction

Why explore use of these medicines over time?

Growing concerns about the potential harms to individuals and the community from high and rising use of these medicines demonstrates a clear need to monitor variations in their use across Australia.

Antimicrobials

Monitoring use is a national priority for antimicrobials. Antimicrobial resistance is a global threat to human health.[2,3] Findings from the third Atlas will complement data collected by the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System, and support national, state and local initiatives to improve prescribing of antimicrobial medicines.[2,3]

Antipsychotic and ADHD medicines

The third Atlas findings on antipsychotic medicines and ADHD medicines are of particular importance for better understanding use among key prescribers.

The third Atlas revisits these medicine items and examines use over time (from 2013–14 to 2016–17) with the aims of:

- Monitoring rises and falls in rates nationally
- Monitoring changes in the magnitude of variation across Australia
- Understanding whether more effort is needed to promote safe and appropriate use of these medicines.

Opioids

Improving opioid medicines use is a national priority as a result of recent increases in misuse, overdose and opioid dependence.[4,5] Between 2011 and 2015, twice as many people died from overdose due to an opioid medicine than due to heroin (2,145 compared with 985).[6] Opioids are one of the priority substances identified in the National Drug Strategy 2017–2026.[7] Increased opioid misuse has also prompted a number of national regulatory and policy responses in Australia over the past three years to support harm minimisation.[5,8]

The Australian Commission on Safety and Quality in Health Care (the Commission) will publish a detailed analysis of the data in this chapter in 2019, including recommendations for improving the appropriate use of these medicines. However, because of the work that has already been undertaken on use of antipsychotic medicines in people aged 65 years and over, and ongoing concerns that these medicines are being prescribed inappropriately, recommendations on this topic are included in this Atlas on page 237.

The 2019 report will also include analyses by state and territory, and local area, which will help to inform interventions by health departments and health service organisations for improving the safe and appropriate use of these medicines.

Recommendations

Recommendations for improving the safe and appropriate use of antipsychotic medicines in people aged 65 years and over are included below. Recommendations for the other topics in this chapter will be published in 2019.

5a. Prescribers to use antipsychotic medicines for people 65 years and over as a form of restrictive practice only as a last resort, and not until alternative strategies have been considered. The following conditions must be met:

i. Informed consent (from the patient or a properly authorised substitute decision maker) to be given in writing

ii. A structured consent form to be mandated for use in aged care homes to help ensure that prescribers comply with clinical and legal requirements

iii. A pharmacist to conduct a medicines review after six months, with the outcomes of the review provided to the treating general practitioner and placed in the medication record

iv. Approval of pro re nata (PRN) orders to be no more than three times a month, and repeat PRN prescription to be limited so that renewal is only permitted after a further evaluation of the resident by the prescribing practitioner.

5b. Aged care providers to record the use of antipsychotic medicines as a form of restrictive practice on all applicable patients in their aged care home and report on this to the Aged Care Quality and Safety Commission.

5c. The Aged Care Quality and Safety Commission accreditation assessments to review the use of psychotropic agents in aged care homes.

5d. The Aged Care Quality and Safety Commission to commence public reporting from July 2020 on rate of use of antipsychotic medicines, in line with recommendation 13 of the 2014 Senate Community Affairs References Committee on care and management of younger and older Australians living with dementia and behavioural and psychological symptoms of dementia (BPSD).

5e. The Aged Care Quality and Safety Commission to consider approaches to educating consumers about the risks of prescribing antipsychotic medicines outside guideline recommendations – such as for BPSD – before secondary causes have been excluded and non-pharmacological measures have been tried.

5f. The Therapeutic Goods Administration (TGA) to review product information for all the antipsychotics most commonly prescribed inappropriately for BPSD in older people, to ensure that the lack of evidence of efficacy and the harms associated with use for BPSD are expressed as clearly as possible, and the product information is optimally framed to discourage prescribing for unapproved use for BPSD.

5g. The TGA to establish and/or review risk management plans for atypical antipsychotic medicines commonly prescribed for BPSD outside therapeutic guidelines. This will include requiring sponsors to more proactively provide or support education in appropriate treatment options for BPSD, emphasising the significant clinical risks and lack of efficacy in using antipsychotic medicines for this purpose.

5h. The Pharmaceutical Benefits Advisory Committee to review the relevant PBS streamlined authority as it applies to the prescribing of atypical antipsychotic medicines to ensure sufficient information about the clinical justification for prescribing of these medicines. This should include the condition for which the medicine is being prescribed, and a record that consent or substitute consent has been provided. This information should be specified on the form which is provided to the dispensing pharmacist.

References

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5. Therapeutic Goods Administration. Prescription strong (Schedule 8) opioid use and misuse in Australia: options for a regulatory response. Consultation paper. Version 1.0. Canberra: TGA; 2018. www.tga.gov.au/sites/default/files/consultation-prescription-strong-schedule-8-opiod-use-misuse-in-australia-options-for-regulatory-response.pdf (accessed Aug 2018).
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7. Australian Government Department of Health. National drug strategy 2017–2026. Canberra: Department of Health; 2017. www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf (accessed Jul 2018).
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