



The Pharmacy
Guild of Australia

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Submission No. 057

(Dementia)

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**Submission to the House of
Representatives Standing Committee on
Health and Ageing Inquiry into
Dementia: Early Diagnosis and
Intervention**

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National Secretariat

Level 2, 15 National Circuit, Barton, ACT 2600 Australia
PO Box 7036, Canberra Business Centre, ACT 2610 Australia
Telephone: + 61 2 6270 1888 · Facsimile: + 61 2 6270 1800
Email: guild.nat@guild.org.au · Internet: www.guild.org.au



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1. Introduction

The Pharmacy Guild of Australia (the Guild) is the national peak pharmacy organisation representing community pharmacy. It strives to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild welcomes the opportunity to provide a response to the House of Representatives Standing Committee on Health and Ageing Inquiry into Dementia: Early Diagnosis and Intervention and supports the National Framework for Action on Dementia 2006-2010¹ (currently under review) which aims for a better quality of life for people living with dementia and their carers and families. Further, the Guild supports the Australian Government call for the identification of dementia as the ninth National Priority Area².

This submission outlines the role of community pharmacy in supporting early intervention and diagnosis of dementia. The Guild has responded only to those aspects of the Terms of Reference where we believe community pharmacy should be engaged to support early diagnosis and intervention activities. We believe that **community pharmacy can play a vital role in raising awareness that dementia is not a natural part of ageing, dispel common myths associated with dementia, provide information about the early signs of dementia, support and referral options to consumers who are concerned about their memory or the memory of someone else.**

The Guild wishes to also highlight to the Committee the role community pharmacy also play in providing medicines advice, to support people with dementia and their families/carers to remain living independently in the *community*.

2. Summary of Key Points

The following is a summary of the key points identified by the Guild within this submission:

- Support for the Australian Government call for the **identification of dementia as the ninth National Priority Area.**
- The expected increase in the proportion of people with dementia will have a large impact on rural and remote communities. Community pharmacy is the most accessible health service in Australia and with many located in areas with limited health service providers. **Community pharmacy can be utilised to optimise access to early intervention and referral for the diagnosis of dementia, including to people living in rural and regional areas.**

¹ National Framework for Action on Dementia 2006 – 2010

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B9616604C02332D5CA25701B0075A997/\\$File/NFAD%20low%20res%20Web%20Version%20Oct%2006.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B9616604C02332D5CA25701B0075A997/$File/NFAD%20low%20res%20Web%20Version%20Oct%2006.pdf)

² Fact Sheet: Living Longer. Living Better – Tackling dementia. Department of Health and Ageing April 2012

[http://www.health.gov.au/internet/main/publishing.nsf/Content/947E46E0C008757CCA2579E50004887C/\\$File/D0769%20Tackling%20Dementia.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/947E46E0C008757CCA2579E50004887C/$File/D0769%20Tackling%20Dementia.pdf)

- **There is a particular need for improved focus on culturally appropriate dementia care for Aboriginal People and Torres Strait Islanders**, as dementia is five-fold more prevalent among these populations than non-indigenous Australians.
- While it is not possible to prevent dementia, there is growing evidence to support lifestyle changes that may help reduce the risk. **The lifestyle risk factors associated with dementia such as high blood pressure, smoking, risky alcohol consumption, and high fat intake are all currently addressed in community pharmacy through various professional services.**
- The \$41.3 million in funding allocated in part to ‘support GPs to make a more timely diagnosis of dementia allowing opportunities for earlier medical and social interventions’ limits consumers access to early intervention activities to general practice. **Consideration should be given to expanding the scope of the funding to community pharmacists to assist in ‘allowing opportunities for earlier medical and social interventions’ and to play a vital role in the referral pathway to general practice.**
- It is essential that support is provided for people with dementia and their carers to continue to participate in the social activities. Dementia can lead to social isolation and an increased risk of depression. **Community pharmacists have regular contact with patients and their carers and are often aware of the stages of grief and loss associated with a diagnosis of dementia, and can provide referral where appropriate.**
- The Shared E-Health Record (SEHR), formerly known as the Personally Controlled Electronic Health Record (PCEHR), has the potential to improve care and support to people living with dementia, particularly those living in rural and remote Australia. **Community pharmacy has a professional workforce with the requisite skills and connectivity and should be considered as not only a participant but also as a facilitator to the SEHR, with the ability to initiate record development in collaboration with people with dementia and their carers who ‘opt-in’.**
- Access to telehealth will also assist in addressing some of the barriers to accessing dementia related medical services for patients in rural, regional and outer metropolitan areas. It should be recognised that in many circumstances, particularly in regional and remote Australia, the local community pharmacy may be the only available or most appropriate health service for conducting telehealth consultations. **The Guild strongly believes that community pharmacy should be viewed as an ‘other health care facility’ in which a patient can access telehealth and video conference to a specialist at another location.**
- Any nation-wide activities aimed at consumers need to be **underpinned by adequate education and resources to health professionals to ensure clear and consistent messages are delivered and adequate support is available for consumers to take action.** It is also preferable that this occur in a multidisciplinary environment to assist in developing local relationships and referral pathways. The Guild recommends that any education strategy developed for health professionals should include the role of the community pharmacist.
- **Community pharmacy based health promotion programs have been proven to be effective.** The established network of community pharmacy with highly qualified health professionals

provides a national, equitable-access platform to disseminate clear and consistent messages and support to early intervention and diagnosis of dementia.

3. Addressing the Terms of Reference

(a) Improve quality of life and assist people with dementia to remain independent for as long as possible

In 2008 there were over 200,000 people with dementia in Australia, with the majority (57%) continuing to live in the community². **Community pharmacists are the health professional most likely to come into regular contact with people who are at high risk of dementia, or their family, and are therefore able to assist people through all aspects of the journey through awareness raising, information provision, referral, diagnosis and ongoing support.**

Community pharmacy offers a highly accessible network of primary health care professionals providing quality advice and service. Community pharmacies exist in well spread out and accessible locations and often operate over extended hours seven days a week in urban, rural and remote areas. There are over 5,000 community pharmacies in Australia and on average, there are more than 14 visits to a community pharmacy per year for each man, woman and child in Australia, across metropolitan, rural and remote community settings³.

As such, community pharmacists are well placed to:

- **identify early signs of dementia;**
- **provide information and participate in any consumer awareness campaigns;**
- **provide lifestyle risk factor advice;**
- **encourage attendance at a medical practitioner such as a GP for assessment;**
- **on diagnosis, have ongoing communication with a persons carer, doctors and therapists while they are receiving care in the community; and**
- **provide Quality Use of Medicines (QUM) support for ongoing treatment.**

The following is a brief overview of the role of community pharmacy in the treatment of people with diagnosed dementia and their carers and family, in addition to the activities related to early intervention and diagnosis of dementia.

Pharmacists as medicine professionals

Advice from community pharmacists to patients and carers about medicine dosage and administration can aid compliance. Pharmacists seek to ensure that all patients and families/carers understand and follow the labelling directions provided with medicines, and advise patients about the role and potential toxicity of complementary medicines commonly associated with dementia⁴. The provision of medicine profiles to consumers who are confused about their medicines also assist them to better identify and understand what their medicines are for and how to take them.

Pharmacists advise patients and their carers about the anticipated side effects of dementia treatment. Cholinesterase inhibitors are available for eligible patients under the Pharmaceutical

³ Guild Digest (2011)

⁴ Dementia Care Australia website <http://www.dementiacareaustralia.com/index.php/activities-and-therapies.html>

Benefits Scheme (PBS). This includes donepezil, galantamine and rivastigmine, with the common side effects of nausea, vomiting and diarrhoea. Other adverse effects include bronchoconstriction (particularly in patients with asthma), bradycardia, and cramps⁵. Memantine is available on the PBS and may be an alternative for those patients unable to tolerate cholinesterase inhibitors, however, requires dose titration over a month to minimise the adverse effects of agitation, hallucination and headache⁴. Pharmacists are able to assist in the detection of these side effects and can inform and work with the treating medical practitioner to ensure the patient is receiving the most appropriate medicine to manage their dementia.

Quality Use of Medicines

QUM⁶ is one of the four pillars of Australia's National Medicines Policy, and is defined as selecting management options wisely; choosing suitable medicines, if a medicine is considered necessary; and using medicines safely and effectively. The following medicine management services which support QUM are provided by community pharmacists in the community and residential settings to reduce the number of adverse events experienced by assisting patients and their carers to better manage their medicines.

- **The Home Medicines Review (HMR)** is a consumer-focused, structured and collaborative health care service provided in the *community setting*, to optimise quality use of medicines and consumer understanding, in consultation with GPs. The accredited pharmacist attends the patient's residence and prepares a report based on the medicines and associated habits of the patient. The subsequent report is provided to the referring GP, who then discusses any recommendations with the patient and may make appropriate changes to their medicines management. The HMR service helps avoid or identify and address medicine-related problems and optimises medicine use. It is particularly useful for people who are on multiple medicines, confused about their medicines, see multiple practitioners or are regularly in hospital.
- **Residential Medication Management Reviews (RMMR)** conducted in Residential Aged Care Facilities are similar to the HMR. The RMMR involves collation of information about the resident's medicines and undertaking a comprehensive assessment. In addition to reviewing the resident's medicines, pharmacists support the facility by informing and training the nursing staff on the best way to store and administer the medicines and to manage medicine related issues.
- **Medicines Use Review (MUR)**, known as a MedsCheck, are being piloted under the Fifth Community Pharmacy Agreement. MedsCheck is an in-pharmacy service where a pharmacist checks a patient's medicines with the specific objective of improving patient outcomes by helping them to understand what their medicines are for and how to take them. The pharmacist can also assist the patient to address any identified medicine related issues. Under the pilot, the service is targeted to those patients who are currently taking five or more prescription medicines and/or have a recent significant medical event.
- **Dose Administration Aids (DAAs)** are weekly blister packs or sachets containing patients' medicines that are organised in line with their daily dosage schedule. In the community setting DAAs are designed to support at-risk patients (and/or their carers) to better manage their

⁵ Crouch AM (2009) 'Treating Dementia' *Australian Prescriber* Vol. 32:9-12 accessed online

⁶ National Prescribing Service: About Quality Use of Medicines (www.nps.org.au)

medicine, with the objective of improving adherence and avoiding medicine misadventure and associated hospitalisation. DAA's also provide the pharmacist and prescriber with a true indicator of compliance, which decreases the risk of misadventure by over or under use. This service particularly assists people who are confused by their medicines or who regularly mix them up or forget to take them, and are also useful to those who have difficulty opening or reading tablet bottles or other packaging. This should improve quality of life and provide greater confidence and ability to remain living in the community. DAA services however are labour intensive, requiring significant professional input from the pharmacist. Community pharmacies have long been absorbing the costs in providing DAA services to their patients, mostly because of their professional and community responsibility. DAAs are also often provided to residential aged care facilities.

Provision of support services in the home

Pharmacists visit patients' homes as part of HMR services to communicate directly with patients and carers and to make necessary assessments. To assist with a safe self-administration of medicines, pharmacists can provide compliance aids such DAAs and aids and equipment to enable people to live safely in their own homes. Many pharmacies also offer home delivery service of prescription medicines and other pharmacy products to patients in the community who are not able to physically attend pharmacy to pick up their medicines.

Early intervention and diagnosis

The Guild believes that appropriate diagnosis and treatment should be easily accessible and supported to allow the person with dementia to remain in the community for as long as possible and delay progression of the disease, particularly given that an estimated 97% of people with dementia living in the community need assistance with at least one of five personal activities⁷.

The Guild highlights the expected increase in the proportion of people with dementia, expected to grow from 269,000 people currently to almost 1 million by 2050⁸, particularly the impact this will have on rural and remote communities. In the first instance, people in these communities will have less access to early diagnosis and treatment, and as the dementia progresses, have even less access to the required level of care. **Community pharmacy is the most accessible health service in Australia and with many located in areas with limited health service providers. Community pharmacy can be utilised to optimise access to early intervention and referral for the diagnosis of dementia, including to people living in rural and regional areas, Aboriginal People and Torres Strait Islanders, and people from culturally and linguistically diverse backgrounds.**

The Guild also believes there is a particular need for improved focus on culturally appropriate dementia care for Aboriginal People and Torres Strait Islanders, as dementia is five-fold more prevalent among these populations than non-indigenous Australians⁹. This will require research into what services are currently available and collaboration from the outset with organisations such as the National Aboriginal Community Controlled Health organisation (NACCHO) to ensure the real

⁷ 'Australia's Health 2010' (AIHW) <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442452962>

⁸ Fact Sheet: Living Longer. Living Better – Tackling dementia. Department of Health and Ageing April 2012 (online) available at [http://www.health.gov.au/internet/main/publishing.nsf/Content/947E46E0C008757CCA2579E50004887C/\\$File/D0769%20Tackling%20Dementia.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/947E46E0C008757CCA2579E50004887C/$File/D0769%20Tackling%20Dementia.pdf)

⁹ Smith K, Flicker L, Shadforth G et al (2011). 'Gotta be sit down and worked out together: views of Aboriginal caregivers and service providers on ways to improve dementia care for Aboriginal Australians'. *Rural and Remote Health* Vol. 11:1650 (Online) available at <http://www.rnh.org.au>

needs of Aboriginal People and Torres Strait Islanders are addressed. The Guild highlights the essential role that community pharmacy play in the provision of medicines through the Section 100 Remote Aboriginal Health Services Program (RAHSP), which addresses many barriers experienced by Aboriginal People and Torres Strait Islanders living in remote areas of Australia in accessing essential medicines through the Pharmaceutical Benefits Scheme (PBS).

While it is not possible to prevent dementia, there is growing evidence to support lifestyle changes that may help reduce the risk¹⁰. **The lifestyle risk factors associated with dementia such as high blood pressure, smoking, risky alcohol consumption, and high fat intake are all currently addressed in community pharmacy through various professional services.** Such programs have demonstrated the capacity of community pharmacy to play an enhanced role in the delivery of health services, and that substantial health promotion benefits and opportunities are provided when customers walk through a community pharmacy door. On average there are 320 million occasions each year on which pharmacists and pharmacy assistants are able to provide professional advice and service³. In 2010, the Guild produced 'The Roadmap – The Strategic Direction for Community Pharmacy' which provides an analysis of where community pharmacy is today and a plan for its future direction (refer to <http://www.guild.org.au>). This includes templates of practical mechanisms through which community pharmacy can identify and develop services nationally relating to these lifestyle risk factors.

The Guild applauds the measures in the current aged care reform to increase the Dementia Supplements within Home Care packages to recognise the higher costs of caring for people with dementia, and the availability in 2012/13 of Grants to support better primary care and hospital services⁷. However, the \$41.3 million in funding allocated in part to 'support GPs to make a more timely diagnosis of dementia allowing opportunities for earlier medical and social interventions' limits consumers access to early intervention activities to general practice. **Most of the consumers at high risk of dementia and their carers already have a long trusted relationship with their regular community pharmacist.** Community pharmacists have regular contact with patients and their carers, and are often aware of the early signs of behaviour changes such as those associated with dementia including aggression, anxiety and depressive mood, forgetfulness, disorientation and confusion. With adequate education and training to the pharmacy workforce, community pharmacists will be able to play a significant role in the identification of early signs of dementia. As such, **the Guild believes consideration should be given to expanding the scope of the funding to community pharmacists to assist in 'allowing opportunities for earlier medical and social interventions' and to play a vital role in the referral pathway to general practice.**

Medicare Locals will also play a pivotal role in the identification of dementia as a priority, and through the availability of funding for the local level in a multidisciplinary context. Further, Medicare Locals provides the opportunity for professionals to participate in inter-professional learning through training and resource development.

(b) Increase opportunities for continued social engagement and community participation for people with dementia

The Guild believes that it is essential that support is provided for people with dementia and their carers to continue to participate in the social activities. Dementia can lead to social isolation and an

¹⁰ 'Dementia Resource Guide' (2009) Department of Health and Ageing

increased risk of depression. **Community pharmacists have regular contact with patients and their carers and are often aware of the stages of grief and loss associated with a diagnosis of dementia, and can provide referral where appropriate.**

(c) Help people with dementia and their carers to plan for their futures, including organising financial and legal affairs and preparing for longer-term or more intensive care requirements

Innovative approaches to dementia care will be essential to support people with dementia and their carers in planning for the future. This will largely be enabled by e-health technologies as they become available.

Regarding the Shared E-Health Record (SEHR), formerly known as the Personally Controlled Electronic Health Record (PCEHR), the Guild believes this is an integral component of Australia's future health infrastructure. The SEHR has the potential to improve care and support to people living with dementia, particularly those living in rural and remote Australia, who may experience disjointed care at a number of locations. The Guild highlights that electronic prescriptions will be integral to the productiveness of the SEHR, ensuring the clinicians involved have the maximum amount of information regarding the patients' health care.

The Guild is concerned that the proposed 'opt-in' model due for release in July 2012 will not facilitate a health care provider's access to a complete medical history. In addition, **community pharmacy has a professional workforce with the requisite skills and connectivity and should be considered as not only a participant but also as a facilitator to the SEHR, with the ability to initiate record development in collaboration with people with dementia and their carers who 'opt-in'.**

Access to telehealth will also assist in addressing some of the barriers to accessing dementia related medical services for patients in rural, regional and outer metropolitan areas. The Guild acknowledges that telehealth will generally be managed through a patient's GP or other health care coordinator in order to maintain continuity of care. However, it should be recognised that in many circumstances, particularly in regional and remote Australia, the local community pharmacy may be the only available or most appropriate health service for conducting telehealth consultations.

As such, **the Guild strongly believes that community pharmacy should be viewed as an 'other health care facility' in which a patient can access telehealth and video conference to a specialist at another location.** This is of particular importance in the instance where the GP is removed geographically from both specialist and patient. This would be comparable to the exemption provided under the telehealth initiative to residential aged care services, Aboriginal Medical Service (AMS) and Aboriginal Community Controlled Health Service (ACCHS), which are able to provide telehealth consultations without a Medicare provider number, provided they are within an eligible telehealth area¹¹.

(d) How best to deliver awareness and communication on dementia and dementia-related services into the community

In the first instance, **the Guild believes that any nation-wide activities aimed at consumers need to be underpinned by adequate training and resources to health professionals to ensure clear and consistent messages are delivered and adequate support is available for consumers to take action.**

¹¹ Medicare Australia

It is also preferable that this occur in a multidisciplinary environment to assist in developing local relationships and referral pathways. **The Guild recommends that any education strategy developed for health professionals should include the role of the community pharmacist.** This is of particular importance for community pharmacists located in rural and remote communities who have the potential to be significant in the future for early intervention and treatment of dementia, for which they will require additional training and resources.

Community pharmacy can provide support to early intervention and diagnosis of dementia through active participation in consumer awareness campaigns regarding the signs of dementia and raise awareness that dementia is not a natural part of ageing. This established network of highly qualified health professionals provides a nationally accessible platform to disseminate clear and consistent messages and support. Both well and unwell people visit their community pharmacy, providing an opportunity to engage people along the health spectrum and hard-to-reach populations who do not utilise other health services. Health promotion in the context of community pharmacy refers to delivering strategies aimed at prevention, early detection and treatment of disease to enable people to increase control over and improve their health. **Community pharmacy based health promotion programs have been proven to be effective,** for example the Pandemic Influenza Preparedness Program (2010), Hepatitis C Public Health Promotion Pilot Program (2010), the Pharmacy Continence Care Program Stage 3 (2007 – 2010) and the Community Pharmacy Alcohol Standard Drink Awareness Campaign III (2004 – 2010).

4. Conclusion

It is an enormous challenge for Government to implement effective dementia early intervention and diagnosis programs. Given the expected increase in the proportion of people with dementia to almost 1 million by 2050, the Guild believes that there is a need to make sure the whole primary health care 'team' is considered in any future incentives and supports.

Community pharmacy can play a vital role in raising awareness that dementia is not a natural part of ageing, dispel common myths associated with dementia, provide information about the early signs of dementia, and support and referral options to consumers who are concerned about their memory or the memory of someone else.