

Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care

Dissemination Plan

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- NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People: Clinical Practice Guidelines and Principles of Care for People with Dementia (2016)
- American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia (2016)
- Canadian Family Physician Clinical Practice Guidelines: Deprescribing Antipsychotics for Behavioural and Psychological Symptoms of Dementia and Insomnia (2018)

Permission to update and adapt guidelines was sought from respective authors. On clinical topics where the *update and adapt* approach was taken, evidence was always evaluated by the Guideline Development Group and considered within the Australian context.

Table of Contents

1	Background.....	4
2	Target Audience.....	4
3	Dissemination	4
3.1	Dissemination to target audiences.....	5
3.2	Key recommendations that are most likely to lead to improvements in health outcomes.....	6
4	Dissemination activities.....	7

1 Background

Development of the Guideline has been informed by an integrated knowledge translation approach that has included a series of stakeholder engagement activities including focus groups and semi-structured interviews with stakeholders, including Helping Hand Aged Care (SA), Finncare (QLD), Good Shepherd Lodge (QLD), Montefiore Aged Care (NSW) and Brightwater Aged Care (WA). The Dissemination Plan is informed by the National Health and Medical Research Council (NHMRC) recommended approach and our ongoing knowledge translation activities. This includes close consultation with consumers and carers, prescribers and aged care providers.

The objectives of the Dissemination Plan are to:

- generate broad awareness and in key target groups
- produce guideline materials for culturally and linguistically diverse (CALD) communities.

2 Target Audience

The target audience of this Dissemination Plan are medical practitioners and senior clinical staff, other healthcare staff, people living with dementia and those involved with their care.

3 Dissemination

We will disseminate the Guideline and supporting resources to create awareness, educate target audiences about best practice, and empower people living with dementia and their carers.

Key messages will be developed to communicate recommendations and good practice statements. The key messages will be simple, direct, clear and action-oriented. We will tailor the key messages to the specific needs, interests and abilities of each target audience.

The Royal Commission into Aged Care Quality and Safety highlighted overuse and inappropriate use of restrictive practices. It is possible that some recommendations and good practice statements may elicit sensitivities from different stakeholders. To mitigate against unforeseen or potential sensitivities, the Guideline has been developed using a fully integrated knowledge translation approach with ongoing stakeholder consultation. A Stakeholder Advisory Group composed of key government agencies, non-government organisations and professional organisations was convened throughout the Guideline development process.

The Stakeholder Advisory Group provided advice that helped identify potential barriers and sensitivities. Focus groups with aged care provider organisations and carers of people living with dementia were conducted early and throughout the Guideline development process.

The Guideline Development Group was multidisciplinary and included general practitioners, geriatricians, clinical pharmacologists, pharmacists, nurses, experts in knowledge

translation, experts in Indigenous and migrant health, aged care provider representatives, a psychiatrist, legal practitioner, physiotherapist and consumer/carers.

3.1 Dissemination to target audiences

We will develop supporting resources to assist with Guideline dissemination to different target audiences (Table).

Table: Resources prioritised through integrated knowledge translation activities	
Resources	Target Audience
1. Clinical Practice Guideline disseminated by MAGICapp	Medical practitioners and senior clinical staff
2a. Resources for other healthcare staff: one-page medication-focused quick guides/fact sheets (antipsychotics, benzodiazepines, antidepressants)	Nurses, aged care workers and other healthcare staff
2b. Resources for other healthcare staff: Summary of 'What's new?' compared to the 2016 NHMRC Clinical Practice Guidelines and Principles of Care for People with Dementia	Medical practitioners, senior clinical staff, aged care provider management
2c. Resources for other healthcare staff: Curated inventory of existing Australian resources on the appropriate use of psychotropic medications in residential aged care	Medical practitioners, senior clinical staff, aged care provider management
3. Companion Guide	People living with dementia and carers

We will use the following channels to disseminate the guideline and supporting resources to a range of target audiences.

- *Digital dissemination*; the Guideline will be presented on a digital platform, MAGICapp, which is optimised to maximise guideline useability by clinicians. The Guideline will be immediately accessible digitally, nationwide. Supporting resources will also be made available digitally.
- *Publications*; will be submitted to peer-reviewed national and international scientific and professional journals (Activity 1).
- *Events*; we will disseminate key messages at selected professional conferences throughout 2022-2023 (in-person or remotely) (Activity 1).
- *Professional Networks*; our Guideline Development Group and Stakeholder Advisory Group will be invited to help disseminate the Guideline to their networks.
- *E-mailing/ mailing list*: The Guideline and corresponding resources will be disseminated electronically to individuals and organisations who request to be added to our mailing list.

To improve dissemination to people from culturally and linguistically diverse (CALD) backgrounds a professional language translation service will translate the documents into five different languages (Activity 2).

3.2 Key recommendations that are most likely to lead to improvements in health outcomes

Barriers and facilitators (preferences and values, resources, equity, acceptability and feasibility) were considered by the Guideline Development Group in relation to each clinical question that was prioritised for inclusion in the Guideline.

We believe that Conditional Recommendation 2 on avoidance of antipsychotics and Conditional Recommendation 4 (supported by Good Practice Statements 21 and 23) on antipsychotic discontinuation will have important public health benefits. This is because implementation of these recommendations and Good Practice Statements will help ensure that people living with dementia and in residential aged care are not inappropriately put at risk of antipsychotic-related adverse drug events. Conditional Recommendation 5 against the use of benzodiazepines for sleep disturbance is important because benzodiazepines are currently widely prescribed for this indication. Likewise, Conditional Recommendation 7 against the routine use of antidepressants for agitation and Conditional Recommendation 9 against the routine use of antidepressants for depressive symptoms are important because antidepressant use is highly prevalent overall and more common among people living with dementia. Good Practice Statements 20, 28 and 36 that relate to implementing an adverse event monitoring protocol for people prescribed antipsychotics, benzodiazepines and antidepressants will lead to public health benefits due to early detection and resolution of medication-related problems. Conditional Recommendation 13 against the routine prescribing of PRN antipsychotics or benzodiazepines will lead to public health benefits because PRN antipsychotic or benzodiazepine use is so widespread despite the risks associated with short-term use of these medications.

4 Dissemination activities

Activity 1. Generate broad awareness and in key target groups	
<p>Aim - Create broad awareness of the Guideline and educate key target groups Audience - Medical practitioners and senior clinical staff, other healthcare staff Outcome - Improve knowledge and awareness about the new Guideline</p>	
Activities	<ol style="list-style-type: none"> 1. Present a Webinar highlighting what's new and what the key Guideline messages. We will approach the Aged Care Quality and Safety Commission and/or NPS MedicineWise to partner in this Webinar. 2. Present interactive workshops in person or virtually at up to three conferences to target specific health professions. The tentative list of conferences includes: <ul style="list-style-type: none"> ○ Pharmaceutical Society of Australia Annual Conference or Australian Association of Consultant Pharmacist Forum ○ <i>Royal Australian College of General Practitioners</i> Annual Conference ○ Australian College of Nurse Practitioners National Conference 3. Publish up to three clinical articles outlining the key Guideline messages in professional and scientific publications such as: <ul style="list-style-type: none"> ○ Medical Journal of Australia ○ Australian Pharmacist (including CPD points for multiple choice questions) ○ Australian Journal of Dementia Care
Timeframe	2023-2024
Who	We will draw on the expertise of the national multidisciplinary Guideline Development Group (GDG) to facilitate the interactive workshops in their home city where possible. The GDG members are well qualified to undertake this role. This will serve to minimise the travel and accommodation expenses.
Risks	The Project Management Team will meet regularly to identify and mitigate against emerging risks. Good stakeholder relations will be maintained through the Stakeholder Advisory Group. Professional conferences may be postponed due to COVID-19 but we anticipate being able to present virtually if this occurs. The GDG are experienced at producing at scientific and professional publications and have good relationships with journal editors.
Success and Measurement indicators	Process evaluation of the webinars, interactive workshops and clinical articles will be conducted. Process measures include the number of webinar participants, number and diversity of workshop participants from each professional group, number of downloads and citations of clinical and professional articles, and number of pharmacists who receive CPD credits for completing the MCQs.

Activity 2. Create Guideline materials for Culturally and Linguistically Diverse (CALD) communities	
<p>Aim – Produce Guideline materials in five languages for specific CALD communities. Audience – Nurses, aged care workers, people living with dementia and carers from CALD communities Outcome – Increase the range of resources available for CALD communities</p>	
Activity	<p>1. Translate the one-page medication-focused quick guides/fact sheets (antipsychotics, benzodiazepines, antidepressants) for nurses and aged care workers. It was consistently raised throughout the knowledge translation activities that nurses and aged care workers are often from CALD communities and have varying clinical knowledge about psychotropic medications.</p> <p>2. Translate the Consumer Companion Guide into five relevant languages (Mandarin, Hindi, Arabic, Filipino and Italian).</p> <p>The translated resources will be made available digitally through a Monash webpage and on MAGICapp. The five shortlisted languages have been informed by ABS data on older persons and aged care workers.</p>
Timeframe	2023-2024
Who	This work will draw on the expertise of our dedicated Aboriginal and Torres State Islander peoples, Intellectual Disability and CALD Team that is supporting the development of the Guideline (led by Assoc Prof Tuan Nguyen and Assoc Prof Dina Logiudice).
Risks	We believe that this package is a low risk of non-completion. We have engaged with key relevant stakeholder groups.
Measurement indicators	<p>Number of downloads from Monash University website Number of downloads from MAGICapp Number of requests for electronic and hardcopy translated materials</p>