Pharmaceutical Society of Australia

Pharmacists are the medicines experts

Allied Health Professions Day 2025

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Pharmaceutical Society of Australia SA/NT
14 October 2025

Pharmaceutical Society of Australia

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 41,000+ pharmacists working in all sectors and across all locations

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists

PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy

OUR VISION

Every Australian has access to safe, quality and effective healthcare through optimising the role of pharmacists in the Australian healthcare system.

Our Mission

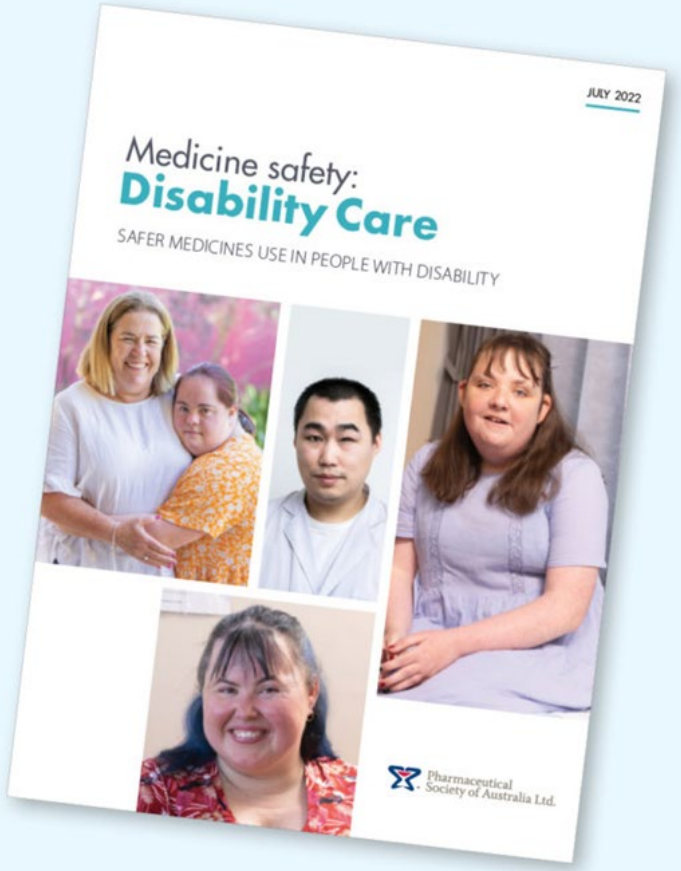
Embedding, equipping and enabling pharmacists to be at the forefront of healthcare in Australia.


Unleashing the Potential of our Health Workforce
Scope of Practice Review
Final Report
October 2024

PSA Medicine Safety Disability Care Report

We need a greater focus on medicine safety to address the health and life expentancy gap for people with disability.

SCAN ME



PEOPLE WITH DISABILITY IN AUSTRALIA

4.4 million
People with disability in Australia.

90%
People with intellectual disability taking medicines.

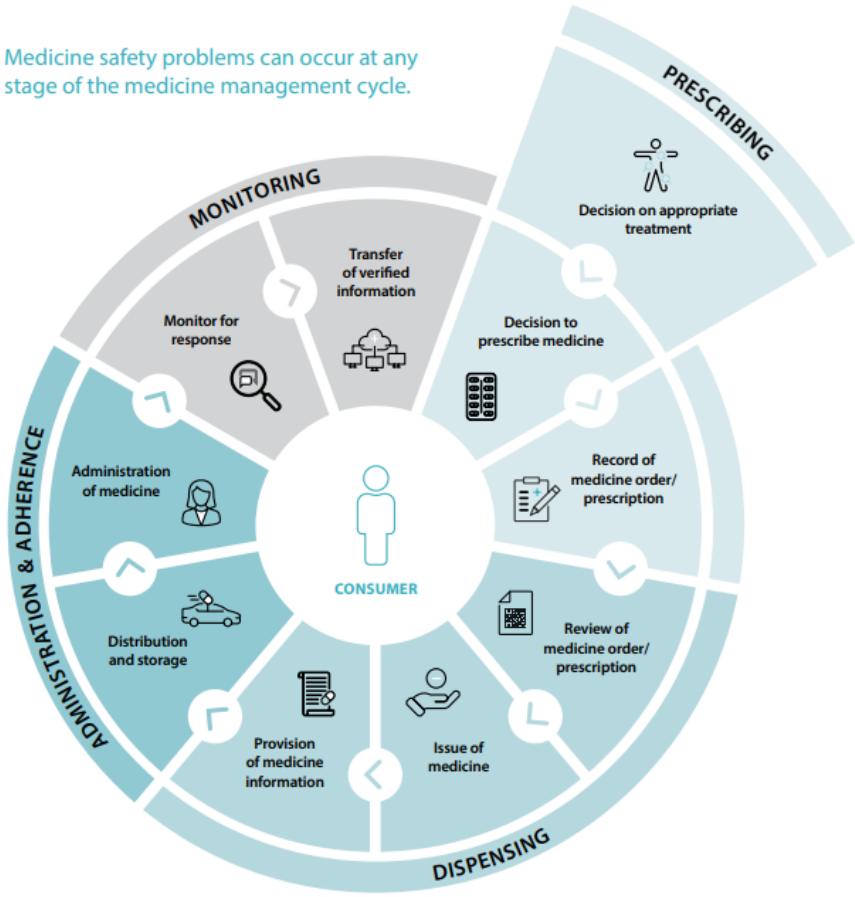
3x
More likely to present to an emergency department following hospital admission.

20-32 years
Shorter lifespan experienced by people with intellectual disability.

Pharmaceutical Society of Australia

Medicine safety in people with disability

- The PSA Disability Care report outlines significant challenges to safe medicine use within the disability sector, including:



In Australia, 250,000 people are hospitalised each year because of medication error, misuse, and misadventure.

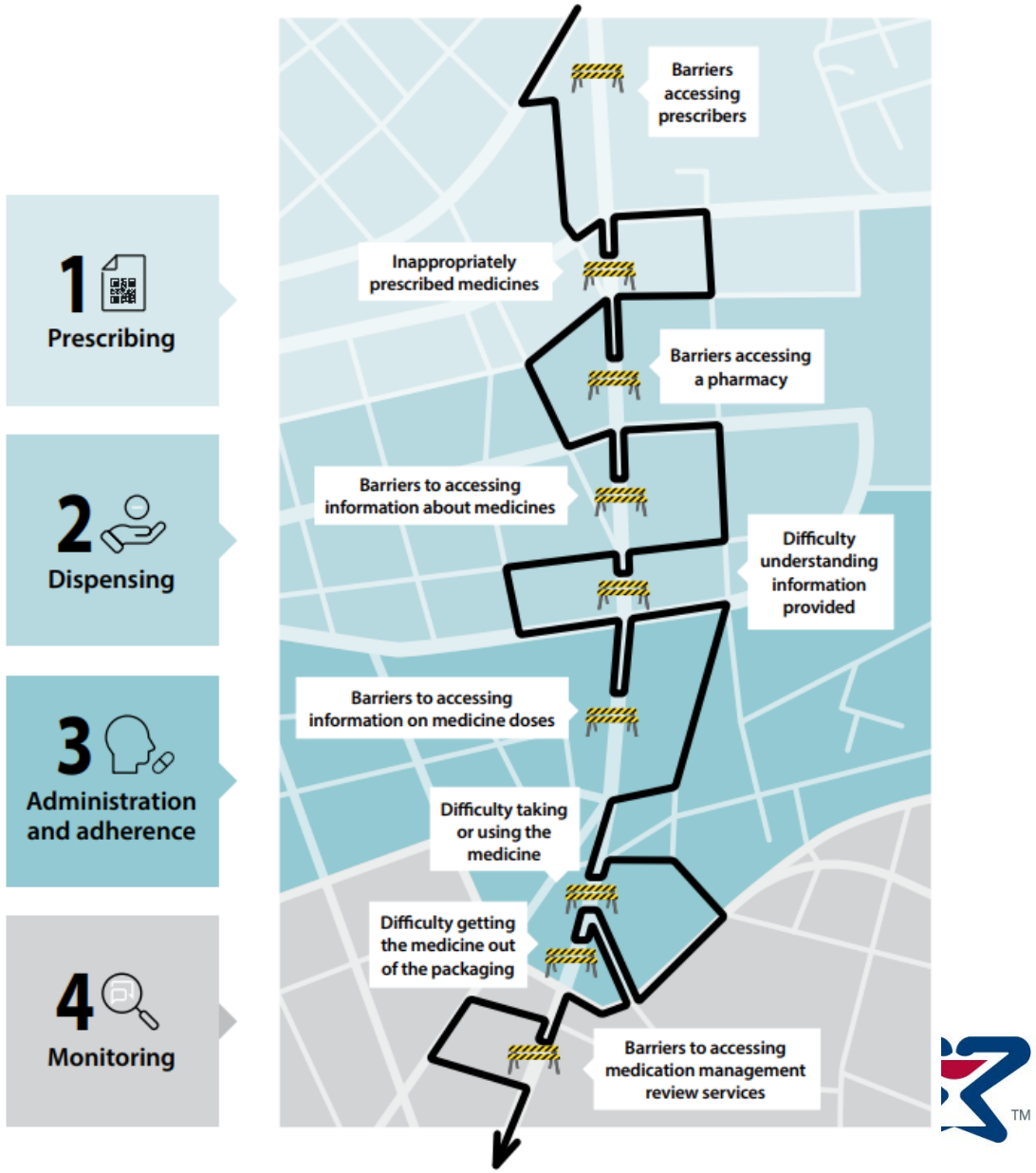
Medication errors can occur at any stage of the medication management cycle:

- prescribing
- dispensing
- administration and adherence
- monitoring

Medication errors occur in all settings

- hospital
- aged care
- Disability

All stakeholders, including disability support providers, can help improve medicine safety by embedding good QUM processes in their systems



Removing barriers

There is a clear and pressing role for pharmacists to be engaged in medicines safety for people with disability. Models of practice focused on medicine safety are urgently required to help address the health and life expectancy gap. Pharmacists must be identified as a required service provider for people with special medicine needs. Actions needed to achieve safer medicines use in people with disability include:

Appropriate medicine use	Ensure appropriate use of medicines by conducting medication management reviews after hospital discharge, at transitions of care, for all psychotropic use, and for complex medicine regimens, and by mandating consent for use of chemical restraint.
Remove barriers in accessing the pharmacy	Ensure all pharmacies are physically accessible and that home delivery services are available.
Remove barriers in accessing information about medicines	Ensure that medicines information is available in a variety of accessible formats including Auslan, Braille, audio and Easy Read, and that tailored and on-going educational sessions are available for those with an intellectual disability.
Remove barriers in medicine administration	Simplify with regular medication management review services, and ensure Braille packaging is available.
Improve access to medication management review and medicine safety services	Ensure that comprehensive medication management review services are accessible, such as through telehealth or with Auslan interpreters, and that medicine-related services are available and funded in disability care homes.
Improve monitoring of medicines	Provide monitoring services for psychotropic medicine use and complex medicine regimens, including adverse reactions.
Improve understanding of NDIS	Provide education and support to increase understanding of the NDIS system and how accessing services between Medicare and NDIS may increase safety and continuity of care.

NDIS Commission Practice Standard:

Core Module 4: Provision of Supports Environment Management of Medication Outcome

Each participant requiring medication is confident their provider **administers, stores** and **monitors the effects of their medication** and **works to prevent errors or incidents.**

To achieve this outcome, the following indicators should be demonstrated:

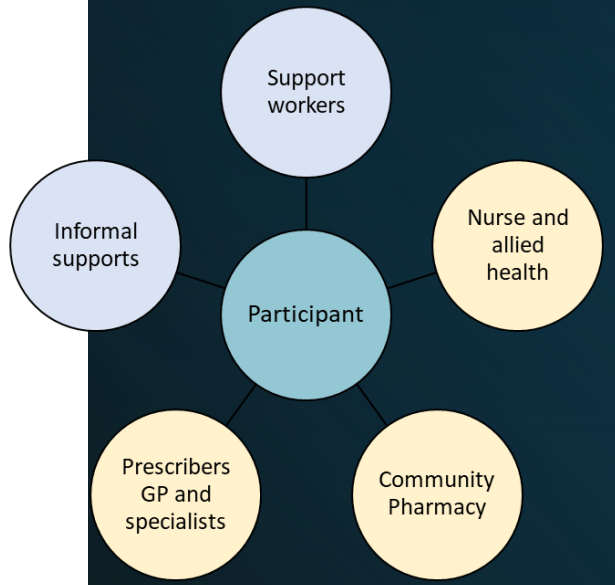
1. Records **clearly identify the medication and dosage** required by each participant, including all **information required to correctly identify the participant** and to **safely administer the medication.**
2. All workers responsible for administering medication **understand the effects and side-effects** of the medication and the **steps to take in the event of an incident** involving medication.
3. All medications are **stored safely and securely**, can be easily identified and differentiated, and are **only accessed by appropriately trained workers**.

Collaborative medication management

- Collaboration and communication at every stage of the medication management cycle is essential.

- **This should include:**
  - Participant voice or advocate
  - Clearly define roles of each stakeholder
  - Clear and agreed communication lines

- **High risk periods: transitions of care**
  - Home to SIL
  - Between disability services
    e.g. SIL or family home and day program
  - Between hospital and home where the participant has disability supports.



Definition of **‘chemical restraint’**

“The use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.”

NDIS (Restrictive Practices and Behaviour Support) Rules 2018

NDIS Quality and Safeguards Commission

Chemical Restraint

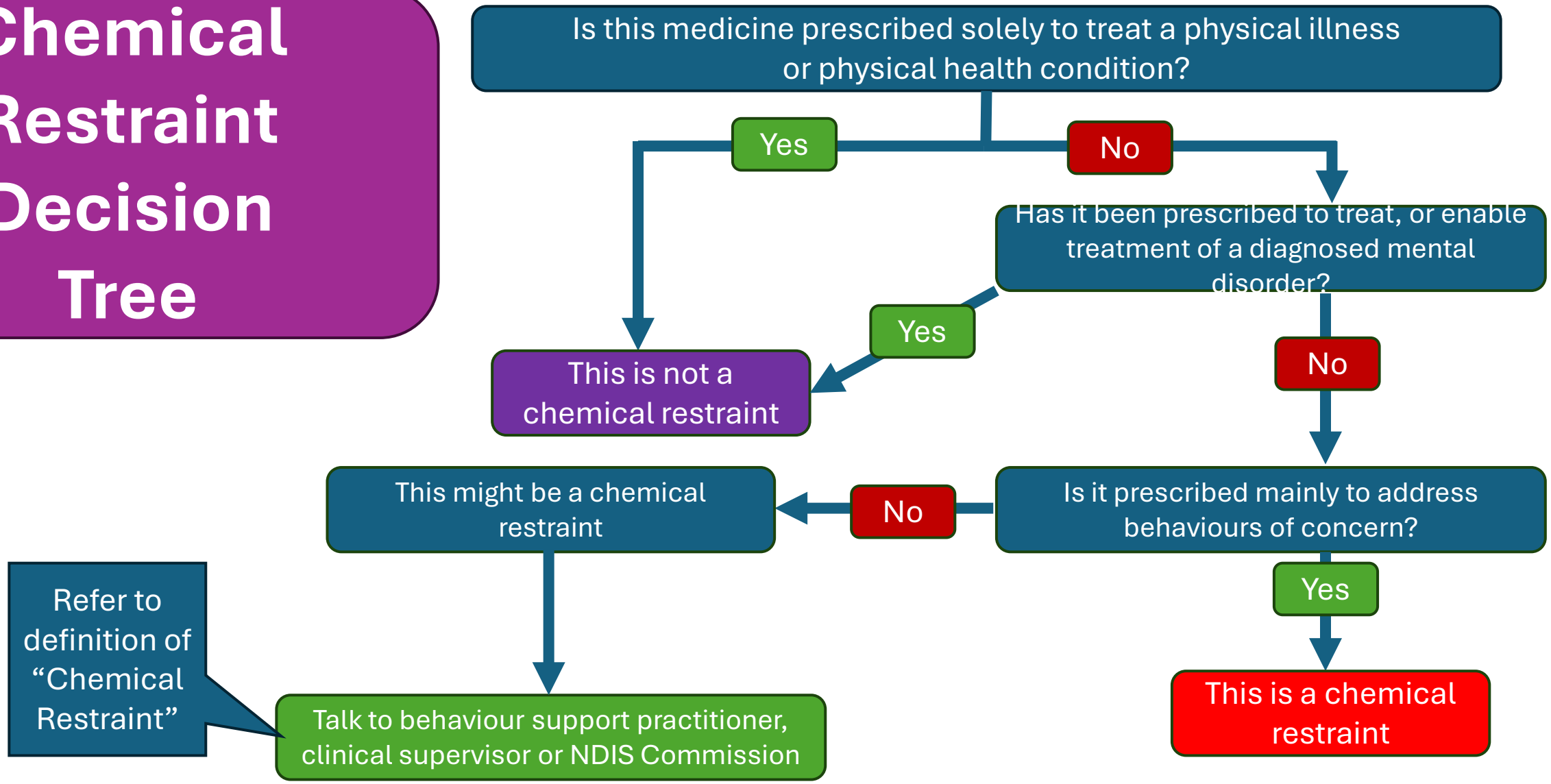
Chemical restraint is the control of a person's behaviour through the intentional use of any medicine

- Prescribed, over-the-counter, complementary or alternative medicines

May be considered a chemical restraint

- when no medically identified condition is being treated
- where the treatment is not necessary for a condition
- to over-treat a condition.

Chemical Restraint Decision Tree



Definition

Key factor that differentiates restraint from other forms of care or medical treatment is that it is always applied intentionally to restrict the movement or behaviour of a person

The appropriate use of drugs to reduce symptoms in the treatment of medical conditions such as anxiety, depression or psychosis DOES NOT constitute restraint.

May be considered a restraint unless:

Type of Medication	Accepted Medically Identified Conditions
Antipsychotic	Psychosis, delusions, hallucinations, schizophrenia, bipolar disorder
Anticonvulsants/ Mood stabilisers	Seizures, neurological disorders, bipolar disorder
Anxiolytics ie benzodiazepines	PRN short term for acute relief of anxiety in diagnosed psychiatric illness
Antidepressants	Depression, anxiety disorder, OCD
Sedatives/hypnotics	Diagnosed sleep disorder/insomnia (short term)

NDIS Purpose of Medication Form

NDIS Quality and Safeguards Commission

Participant Information

Section A

To be completed by the NDIS participant, carer or NDIS provider on behalf of a person with disability. This should be completed prior to a medical appointment.

Name of person:	Date of birth:	Date of appointment:
Residential address:		
Support person attending consult and their role:		
Has the person/participant or their substitute decision maker given informed consent to share information with medical practitioners and the NDIS Commission? ◯ Yes ◯ No		
Person(s) consenting to sharing information with medical practitioners and the NDIS Commission: ☐ Self ☐ Parent ☐ Guardian ☐ Other Specify:		
Treating medical practitioner's name: Professional title: ◯ General practitioner ◯ Psychiatrist ◯ Neurologist ◯ Paediatrician ◯ Other:		
Detail of most recent health/ medical review Name of medical practitioner: Date of review: Type of review (e.g. psychiatric review, annual comprehensive health assessment):		
Are there any possible side effects from a medication that need to be addressed with the medical practitioner?		
Have there been improvements in symptoms or behaviour since the last medication review? (If the medication is for influencing behaviour, behaviour data and incidents should be shared with the medical practitioner).		
Next scheduled appointment date:		

NDIS Quality and Safeguards Commission

Medication Purpose

Medication name:		**Date:** when prescribed/changed:	
Route:	Dose:	Frequency:	PRN or Routine:
Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication: ◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition Please specify the diagnosed mental disorder, physical illness or physical condition: ◯ **Option B:** The primary purpose is to influence behaviour			
Potential side effects to be aware of:			

Medication name:		**Date:** when prescribed/changed:	
Route:	Dose:	Frequency:	PRN or Routine:
Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication: ◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition Please specify the diagnosed mental disorder, physical illness or physical condition: ◯ **Option B:** The primary purpose is to influence behaviour			
Potential side effects to be aware of:			

Medical practitioner name _____

Medical practitioner signature _____

Date form completed _____

Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People

- 21 March 2022
- Joint Statement from the Australian Commission on Safety and Quality in Health Care, the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission

Australian Government
Aged Care Quality and Safety Commission

Australian Commission on **Safety and Quality** in Health Care

NDIS Quality and Safeguards Commission

NDIS Commission Video: Medicine for Health, Not Control

Psychotropic medicines that may be used as chemical restraint

Psychotropics: medicines capable of affecting mind, mood or behaviour.

Therapeutic class	Examples of medicines
Antidepressants	Tricyclic antidepressants — amitriptyline, clomipramine Selective serotonin reuptake inhibitors — fluoxetine, escitalopram, sertraline
Anxiolytic / hypnotics	Benzodiazepines — oxazepam, diazepam, lorazepam, clonazepam
	Melatonin, zolpidem / zolpiclone, clonidine
Antipsychotics	First generation — chlorpromazine, pericyazine Second generation — risperidone, aripiprazole, olanzapine, quetiapine
Anticonvulsants	Carbamazepine, sodium valproate, lamotrigine

Adverse effects that may occur with psychotropics

Class	Observable or reportable	Unseen or difficult to detect
Antidepressants	Suicidal ideation, sexual dysfunction, headache, nausea/vomiting	Increased bleeding risk, serotonin toxicity
Anxiolytic / hypnotics	Drowsiness, hypersalivation, vertigo, disorientation, jaundice	Dependence, tolerance, blood disorders, respiratory depression
Antipsychotics	Extrapyramidal side effects: dystonias, akathisia, dyskinesia, Parkinsonism, Weight gain, constipation	Metabolic syndrome, cardiac abnormalities, haematological abnormalities, neuroleptic malignant syndrome
Anticonvulsants	Drowsiness, ataxia, psychosis, tremor, severe skin eruptions	Menstrual irregularities, memory impairment, haematological abnormalities, hepatotoxicity, osteoporosis

Practice alerts

Practice alerts include:

Polypharmacy

Medications associated with swallowing problems

Medications administration

Transitions between disability services and hospitals

Epilepsy management

Buccal & intranasal midazolam for epilepsy

Medicines that can cause respiratory depression

Pain management

Oral health

Short research summaries that provide important information on best –practice, safe and quality service delivery to people with disability.

Developed in response to the Scoping review of causes and contributors to deaths of people with disability in Australia.

Complementary resources have been developed including short animations, quick reference guides and easy reads, in alternative and easily accessible formats for NDIS providers and workers.

What is polypharmacy?

Polypharmacy is the concurrent use of multiple medications.

Although there is no standard definition, polypharmacy is often defined as the routine use of five or more medications.

This includes over-the-counter, prescription and/or traditional and complementary medicines.

9 or more medications – hyperpolypharmacy

2 or more psychotropics - psychopolypharmacy.

Disability Royal Commission — Hearing 6

- Psychotropic medicines are over-prescribed, particularly for behaviours of concern in people with cognitive disability
- There is limited evidence demonstrating these are effective in reducing behaviours of concern
- People with cognitive disability may experience more side effects, including atypical effects, of psychotropic medication than people without disability
- Monitoring of both the effect and adverse reactions of psychotropic is problematic
- Problematic use of psychotropics concerns both the health and disability sectors hence requires multidisciplinary collaboration to address it
- Regulatory frameworks governing psychotropic use as chemical restraint are complex and vary between jurisdictions
- Commission to explore adaptations to HMR program rules for people with disability…..

POMPIDA

- Pharmacists Optimising Medicines for People with Intellectual Disability and Autism (POMPIDA).
- A Community of Practice of pharmacists providing medication services to the disability sector.
- In-principle support from the Pharmaceutical Society of Australia.

- To be connected with a POMPIDA pharmacist,
- email **SA.Branch@psa.org.au**

HMR Community Service announcement

- https://youtu.be/c3VssXGcw6U

What is a Home Medicines Review (HMR)?

- Comprehensive review of a person's medicines in their home by a pharmacist to undertake medication reviews.
- GP and a specially trained pharmacist will work as a team. Needs a GP referral (or other medical practitioner)
- Yearly with up to 2 follow-up visits by pharmacist within 9 months of initial HMR
- Potential benefits:
  - Improve medication safety
  - Improve adherence
  - Identify adverse effects/interactions
  - Simplification of medication regimen
  - Deprescribing
  - Cheaper formulation
  - Education

Home Medicines Review eligibility criteria:

- Medicare/DVA card
- Living in community setting
- Identifiable clinical need
- People recently discharged from hospital, experiencing symptoms of an adverse drug reaction or a sub-therapeutic response to their medicine, are most likely to benefit.

Steps for a Home Medicines Review

Client is referred by their GP to a credentialed pharmacist for HMR

Credentialed pharmacist visits the client at home to review medications and medications charts. Pharmacist writes a detailed report to the GP

Client visits GP to discuss findings/ suggestions/recommendations and together they develop a plan for medications. GP writes back to pharmacist with outcomes

Home Medicines Reviews are useful for people who:

- Take more than five medicines a day
- Have started a new medication
- Have recently spent time in hospital
- Are concerned about their medicines
- Are confused about their medicines
- Would like help to keep track of all their medications – medicines list
- May need additional support to take them as intended
- Are cared for by more than one doctor
- Would like to know if their medications are OK to be taken together

Disability specific reasons for a HMR

- Difficulty swallowing solid dose forms, e.g. tablets or capsule
- Dry mouth and/or dental issues
- Prescribed a medication that requires periodic therapeutic drug monitoring e.g. an anticonvulsant
- Prescribed a medication that requires periodic adverse effect monitoring e.g. antipsychotic
- Prescribed a medication where informed consent needs further discussion
- Family or representative request it
- Changed behaviour
- Support worker, allied health and/or client/patient require further education/information about their medicines at an individualised level
- Information required about medicines to complete NDIS documentation e.g. behaviour support plan

Form for triggering HMR

Request for HMR referral to engage a pharmacist to provide medication management services

Patient/Client name		**Patient/Client contact details**	
GP name		**GP contact details**	
Community Pharmacy Details			

Dear Dr ..... (GP's name)

I am involved in the care/support of the above-named client and believe he/she/they would benefit from a Home Medicines Review by a medication review credentialed pharmacist. Consent has been obtained from ..... to contact you to:

I have identified the following medication management concerns/issues (tick all boxes below that apply)

	Information required about medicines to complete **NDIS documentation** eg behaviour support plan		Currently taking **5 or more regular medications**
	Difficulty swallowing solid dose forms eg tablets or capsules		Taking **more than 12 doses of medication** per day
	Dry mouth and or dental issues		**Significant changes** made to medication treatment regimen in the last 3 months
	Prescribed a medication that requires periodic **therapeutic drug monitoring** eg. anticonvulsant		Experiencing symptoms suggestive of an **adverse drug reaction** including impact of medicines that could be hindering 'participation'
	Prescribed a medication that requires periodic **adverse effect monitoring** eg antipsychotic		Displaying **sub-optimal response** to treatment with medicines
	Prescribed a medication where **informed consent** needs further discussion		Suspected of **non-compliance** or inability to manage medication related therapeutic devices (including **refusals**)
	Family or **representative** requested pharmacist medication review		Having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, sensory or learning issues
	Support worker, allied health and/or client/patient require further **education/information** about their medicines at an **individualised level**		**Attending a number of different doctors**, both general practitioners and specialists; and/or
	Changed behaviour, please provide details		Recently **discharged from a facility/hospital** (in the last 4 weeks)
			Other; please provide details

As you would be aware, a GP can engage a credentialed pharmacist of their choice. Alternatively, you may wish to engage with a credentialed pharmacist who has expertise in working with people with intellectual disability and/or autism. Please contact the SA/NT Pharmaceutical Society of Australia to be connected with one of the Pharmacists Optimising Medicines in Intellectual Disability and Autism (POMPIDA) team SA.Branch@psa.org.au.

Best regards,

Name.....**Profession/role**.....**Organisation**.....

Contact details: Mobile:.....**Email**.....

This document was developed by D Hurwitz, K Starling, N Petrie & M Angley 08/2024

Easy read: Home Medicines Review

SUMMIT HEALTH

Pharmaceutical Society of Australia

PSA PIDA

Home Medicines Review

What you need to know about a Home Medicines Review.

Easy Read

Connect-Able Intellectual Disability Project,
run by Summit Health and Funded by Country SA PHN.

Funded by phn COUNTRY SA
An Australian Government Initiative

What is a Home Medicines Review?

A Home Medicines Review involves

- You
- Your doctor
- A specially trained **pharmacist**.

A **pharmacist** is a person who can give you your **prescription medicine**.

Prescription medicine is medicine that your doctor tells you to get.

Medicine and medication mean the same thing. This could be things such as:

- tablets
- liquid medicine
- creams
- eye or ear drops, or
- inhalers.

You might have other things as a part of your medicines.

Pharmacists wherever medicines are prescribed, dispensed, administered and reviewed

Community pharmacists

- Dispense medicines
- Vaccinations
- Dosage administration aids
- Minor ailments
- Expanded scope of prescribing
- Mental health First Aid
- Nicotine Cessation
- Health promotion
- Medschecks

General Practice pharmacists

Hospital Pharmacists

Aboriginal Health Service Pharmacists

Aged Care Pharmacists

Disability Pharmacists

Can have other credentials

- Diabetes educator
- PBS Practitioner

Emerging specialist roles e.g. dementia and palliative care

Strengthened Aged Care Standards

- Aged Care Standards updated to enhance care quality and safety
- From 1 November 2025
- Standard 5 focuses on Clinical Care and medication management
- Strengthened requirements for medication safety and antimicrobial stewardship
- Pharmacist’s expanded role in compliance, education, and risk mitigation

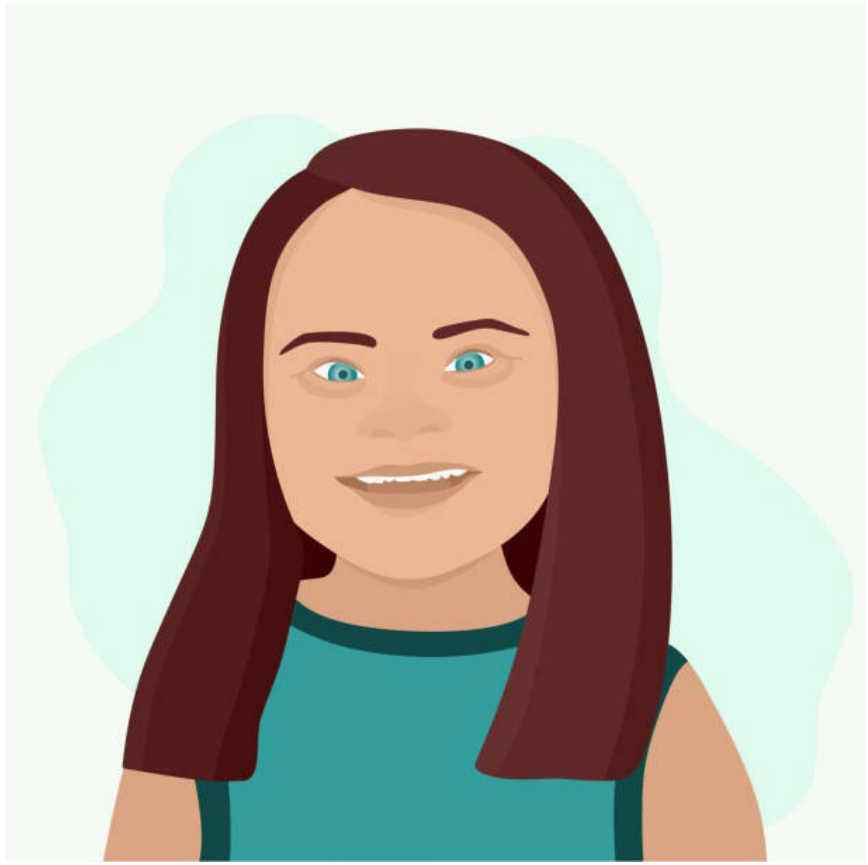
Aged Care

- Residential Medication Management Review (RMMR)
  - Is an equivalent service to HMR provided to residents in aged care settings
- Quality Use of Medicines (QUM)
- Both RMMR and QUM provided by external contractor credentialed pharmacists

- Aged Care On-Site Pharmacists (ACOP) – since July 2024

- Aged Care Quality Standards (recently been reviewed and strengthened)
  - Implemented from November 2025 in line with New Aged Care Act
- Mandatory Quality Indicators
  - Polypharmacy
  - Antipsychotic
  - Currently under review

A case study: applying HMR pharmacist expertise to the PBS process



Bobbi

Case Study – Bobbi M

About Bobbi:

- 26-year-old female, lives with her parents
- Seemed to develop typically until the age of 2 or 3 before a regression in social and communication skills
- Diagnosed with ASD at 3 years and 2 months (Autism SA)
- Has an intellectual disability (ID), is non-verbal and high sensory needs.
- Parents have continuously facilitated intervention to improve her communication and independent living skills.
- Prescribed risperidone aged 6

Case Study – Bobbi

About Bobbi:

- Attended a special school 5 to 18 years; although content, she did not progress much at school.
- After school, attended Day Options for a year or so. Became overstimulated and started displaying behaviours of concern (physical aggression)
- NDIS was rolled out in SA, Bobbi registered as a participant 2018
- Her NDIS Plan included a 1:1 support worker 5 days/week for 6 hours who focus on recreational activities and building independence.
- Her plan also included Positive Behaviour Support (PBS) funding

Case Study – Bobbi

- Bobbi is fearful of health professionals
  - Is resistant to having medical interventions/procedures.
  - previous negative experiences relating to medical and dental care.
- GP appointments recently mostly via telehealth
- Medical history is unremarkable other than sleep disturbance which occurs in a cyclical manner
- Overweight & carrying excess weight around abdomen
- Parents concerned about weight gain – could it be contributing to her lack of motivation to exercise?
- Has regular GP - supportive and understanding
- Behaviours of concern are minimal now with 1:1 support worker; her program is flexible to meet her sensory needs, mood fluctuations and preferences
- Parents believe risperidone was prescribed to ‘dampen sensory overload’

Case Study - Bobbi

Regular PBS Practitioner's plan:

Risk assessment

Engage the GP to complete a purpose of medication form.

- Ask GP to consider making a referral for HMR

Develop a Comprehensive Behaviour Support Plan

Functional behaviour assessment

Case Study - Bobbi

Proposed Positive Behaviour Support strategies for Bobbi:

Behaviours of concern:

- Anxiety around health procedures.
- Resistance to participation (avoidant behaviours) at times due to sensory processing dysfunction

Positive Behaviour Support plan:

- Implementing a sensory diet.
- Increasing communication via the use of visuals.
- Consistent communication methods.
- Increasing structure and predictability in Bobbi's environment.

Case Study - Bobbi

Reason for HMR referral (January)

- Does risperidone reduce sensory overload? Is ‘sensory dysfunction’ an approved indication/diagnosis or is it considered chemical restraint?
- Concerned about Bobbi’s weight gain and cardiometabolic risk
- What other side effects should be monitored?
- Given Bobbi’s behaviours of concern have settled, requiring some guidance re commencing a deprescribing plan of risperidone
- Seeking a recommendation for her extreme anxiety for medical and dental procedures

Case Study – Bobbi

Best possible medication history

Current Medication Regimen		
Medication name, strength, dose form & frequency	**Reason for use (as determined from information available)**	**Other comments**
Regular Medication		
Risperidone 1 mg/1 mL liquid 1.5mL (1.5mg) twice a day	To reduce sensory overload	Bobbi is unable to take tablets so is prescribed the liquid formulation.

Case Study - Bobbi

HMR Pharmacist's findings and considerations:

- Bobbi was initially prescribed risperidone by paediatrician in childhood to 'dampen her sensory system' .
- No robust evidence that risperidone reduces sensory overload i.e. there are no RCTs that demonstrate this
- There is evidence risperidone can reduce aggression and self-injurious behaviours in ASD.
- Risperidone has approval from the TGA for this purpose in children and is PBS subsidised.
- Also, PBS subsidised for use in adults for whom risperidone was prescribed in childhood.
- Doses of up to 3.5 mg/day are recommended in eTG so a 3 mg dose/day is below the max dose.
- Dose was increased to 3 mg/day in response to physical aggression due to sensory overload at Day Options.
- Current program has calm and structured environment - designed to have lower sensory input; dose has never been reviewed.

Case Study - Bobbi

HMR Pharmacist's findings cont:

- No blood tests since 7 years old (checked MyHR)
- Bobbi weighs 75 Kg, 155 cm tall - BMI is 31 (obese).
- Positive family history of heart disease and diabetes – paternal and maternal.
- Use of risperidone requires regular physical health and adverse effect monitoring
  - blood pressure, weight, BMI, waist circumference, as well as blood tests to check lipid profile, HbA1c, prolactin (if has hyperprolactinaemia symptoms).
  - Monitoring should be also undertaken for EPSEs.
  - Annual ECG is recommended due to the risk of QT prolongation.

Case Study – Bobbi

Deprescribing plan proposed by credentialed pharmacist

- Deprescribing guidelines recommend slow reduction of antipsychotics in this setting i.e., by 10-25% every 2 to 4 weeks.
- Recommend reducing the dose of risperidone by 0.5 mg/day in the first instance to 1 mg (1 mL) in the morning and 1.5 mg (1.5.mL) at night.
- After one month, if there is no re-emergence of behavioural issues, reduce by a further 0.5 mg/day to 1 mg (1mL) in the morning and 1 mg (1mL) at night.
- After that, the dose could be reduced by 0.25mg/day each month. After a month of 1 mg twice a day, the dose is reduced to 0.75mg (0.75mL) in the morning and 1 mg at night. It can be reduced by 0.25mg/day each month thereafter.
- If symptoms re-emerge at any point, the dose that previously controlled the symptoms should be reinstated.

Other medication-related information gathered by HMR Pharmacist

- Is a picky eater due to sensory defensiveness but eats a healthy, balanced diet
- Bowels are regular
- Calcium intake likely suboptimal (doesn't like milk), vitamin D unknown – may need calcium/vitamin D supplement
- Has significant anxiety attending health services (consultations via telehealth)
- Has not been able to attend dentist – dry mouth, resistant to oral hygiene
- Has only had 2 COVID-19 vaccines (despite 1 mg lorazepam tablet).

Pharmacist HMR report

- Best Possible Medication History
- Provided deprescribing plan (in conjunction with behavioural strategies developed by PBS Practitioner)
- Provided family with a list of possible antipsychotic withdrawal syndrome symptoms, as requested
- Flagged need for cardiometabolic and other physical health and adverse effect monitoring
- May benefit from a calcium/vitamin D supplement
- Not boosted for COVID-19 or vaccinated against ‘flu
- Provided resource on how to swallow tablets
- Provided relevant ‘Show More and Say Less’ resources
- Provided information about SA Health Special Needs Dental Service
- Directly contacted GP practice and offered to attend case conference
- Provided information on Dr Jess Smith’s (rehab physician) FMC project
  - Blood tests and vaccinations

Now Inclusive Care Clinic Information sheet

Dr Smith has now secured a national MRFF (Medical Research Future Fund) grant to progress this life-changing approach for people with intellectual disabilities.

Potential antipsychotic withdrawal symptoms

- *The main withdrawal symptoms (dopaminergic and cholinergic) associated with antipsychotics are as listed below. Unfortunately, there is no evidence on how common these withdrawal symptoms are, so there's no way to know how likely you are to get any of them.*
- *Slow withdrawal means these are unlikely:*
  - *abnormal skin sensations, aching muscles, anxiety, diarrhoea, dizziness and vertigo, feeling too hot or too cold, headaches, loss of appetite, mood disturbances, nausea, restlessness, agitation and irritability, runny nose, shaking, insomnia, sweating.*

Kaks et al 2019;42:152–7 Stopping and switching antipsychotic drug. Australian Prescriber

Case Study - Bobbi

Questions:

- Is the use of risperidone chemical restraint?
- Could Bobbi's medication be contributing to her weight gain?
- What other side effects could be occurring?
- Requesting guidance re commencing a 'fade out' plan of risperidone?
- Seeking a recommendation for addressing Bobbi's extreme anxiety for medical and dental procedures

Home Medicines Review

Answers:

- Yes, use of risperidone is chemical restraint in this scenario
- Antipsychotics can cause weight gain.
- Antipsychotics have a myriad of other adverse effects; cardiometabolic, EPSEs, electrolyte disturbance, hyperprolactinaemia, blood cell abnormalities
- Provided detailed deprescribing plan for GP to consider
- Provided 'Show More and Say Less' resources
- Provided information about project

Also, other valuable advice

Follow-up (April) Deprescribing plan actioned

Parents and Bobbi–GP appointment to discuss HMR report, GP agreed to implementation of proposed de-prescribing of risperidone.

Had commenced the fade-out plan effective April.

Schedule of dosage reduction for period April to December

Fade out subject to close monitoring regards any behavioural changes (positive or adverse).

If/where necessary, the regimen can/will be adjusted if there are any set backs.

Chewable calcium commenced

High dose 3-monthly vitamin D

Vaccinated against ‘flu and COVID

Blood tests undertaken – lipid profile beyond target

Appointment with SA Health Dental Service – special needs unit

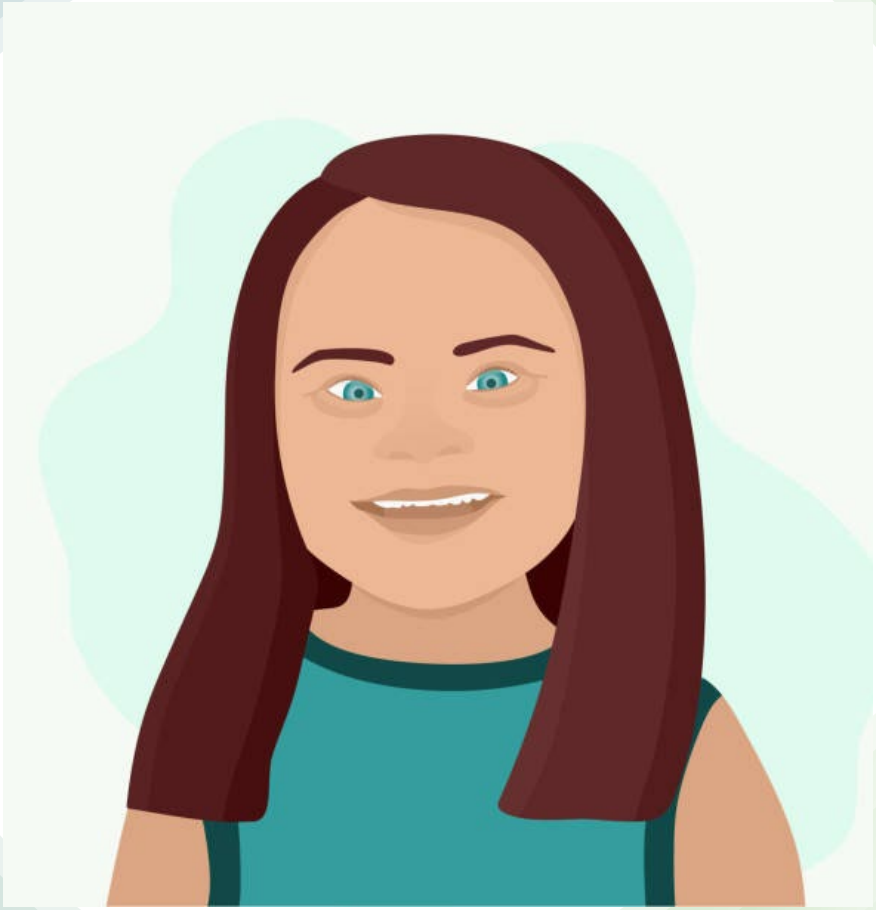
	Month	Morning	Evening	Dose
Risperidone 1mg/1mL solution Fade out plan based on incremental reduction 0.25mL/ Month (from June) subject to ongoing behavioural change monitoring	April	1mL	1.5mL	1 mg mane & 1.5 mg nocte
	May	1mL	1mL	1 mg bd
	June	0.75 mL	1mL	0.75 mg & mane 1 mg nocte
	July	0.75 mL	0.75 mL	0.75 mg bd
	August	0.5 mL	0.75 mL	0.5 mg mane & 0.75 mg nocte
	September	0.5 mL	0.5 mL	0.5 mg bd
	October	0.25 mL	0.5 mL	0.25 mg mane & 0.5 mg nocte
	November	0.25 mL	0.25 mL	0.25 mg bd
	December	0.0 mL	0.25 mL	0.25 mg nocte
	January	0.0 mL	0.0 mL	Nil

HMR Follow-up 2 (September)

Usual PBS Practitioner contacted HMR Pharmacist September

- Usual PBS Practitioner and HMR Pharmacist met with Bobbi and her parents at home and overall Bobbi doing well (0.5 mg mane and 0.5 mg nocte)
    - Family want to continue the deprescribing risperidone.
- Bobbi is more alert and asserting herself more which is seen as a positive.
- Also showing increased signs of obsessive-compulsive disorder (OCD) behaviours
    - Manageable at this stage, but a concern.
    - Mainly the ongoing touching of items in the morning.

Usual PBS Practitioner asked HMR pharmacist, regarding OCD behaviours - would medication for OCD be considered a restrictive practice?



HMR Pharmacist's response

It is possible that risperidone could have been masking OCD symptoms

Bobbi would benefit from psychiatric review

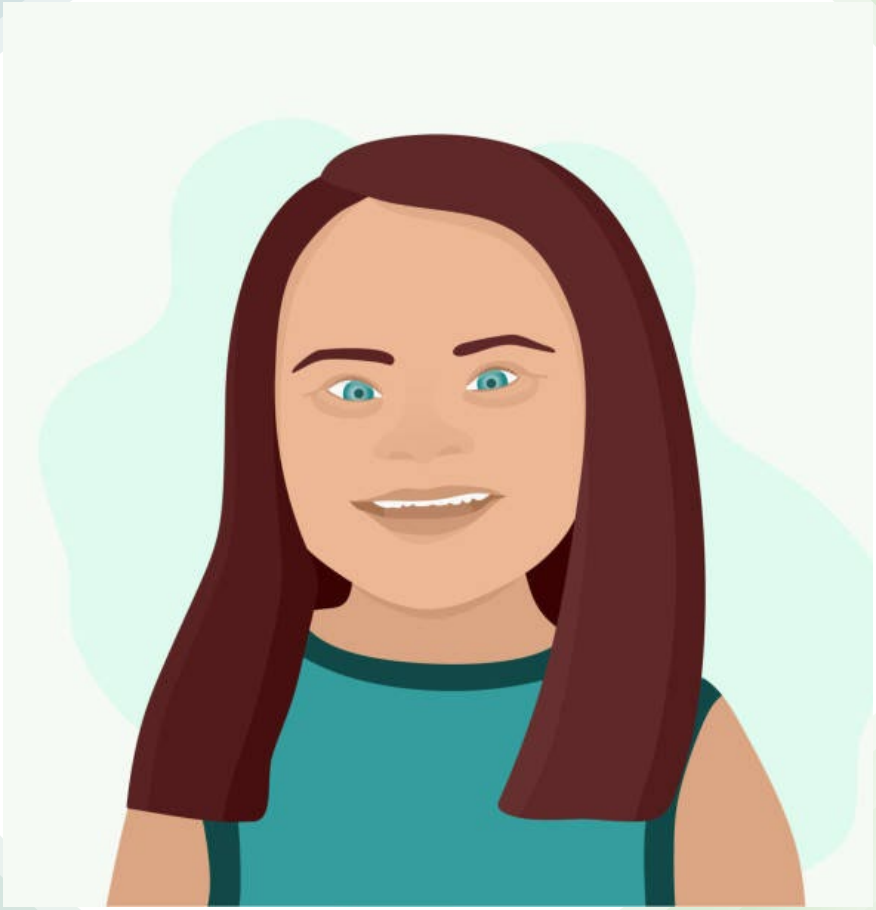
First line treatment of OCD is psychosocial interventions

SSRIs and (SNRIs) are first line medications and safer than antipsychotics

Clomipramine is second line when person doesn't respond to SSRI or SNRI

Psychiatrists may combine an antidepressant with low-dose aripiprazole or risperidone for treatment-resistant OCD -limited evidence supporting this practice and the adverse effects of antipsychotics should be considered. (eTG)

If Bobbi is diagnosed with OCD, using a SSRI/SNRI/clomipramine for this purpose, is not a restrictive practice.



Key take aways

We all have a role in safeguarding people with cognitive disability with respect to ensuring quality and safe use of medicines, and minimising inappropriate use of chemical restraint.

Understand risks of medicines, especially psychotropic medicines.

Understand that some people with cognitive disability have conditions that are under-treated and can contribute to

- behaviours of concern, and
- poor health outcomes

Interpret medication lists/charts with a critical lens and know when and how to seek expert input.

Scan the QR code below

Questions?

Resources

- NDS Quality Use of Medicines Sector Round Table Report 2023
- Pharmaceutical Society of Australia: Medicine Safety Disability Care report
- NPS MedicineWise App: Helping carers keep track of medicines – The MedicineWise App
- Health Direct: Consumer medicine information
- Medicines information service Home - 1300 MEDICINE
- Practice Alerts | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)
- Positive Cardiometabolic Health For People With Intellectual Disability

Resources for consumers:

- Say less, Show More
- Council For Intellectual Disability: Me and my medication (cid.org.au)
- What is an HMR (easy read) https://www.countrysaphn.com.au/wp-content/uploads/2022/10/Medicines-Review_Easy-Read_FINAL.pdf

NDIS Commission Practice Standards, guidance and resources

- NDIS practice standards | NDIS Quality and Safeguards Commission
- Medication purpose form | NDIS Quality and Safeguards Commission
- Australian Commission on Safety and Quality in Health Care - Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People
- Australian Commission on Safety and Quality in Health Care: Psychotropic Medicines in CognitiveDisabilityorImpairmentClinicalCareStandard