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Nursing home residents 'doped for years at a time'

EXCLUSIVE

By **RICK MORTON**, SOCIAL AFFAIRS WRITER

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A damning submission to the aged-care royal commission reveals elderly nursing home residents have been doped for years at a time with psychotropic drugs, one of which is prescribed in Australia for only three-month sessions and is not approved for dementia patients overseas.

Unprecedented research by former pharmacist and current dementia researcher Juanita Westbury found the use of “as-needed” antipsychotic prescriptions in nursing homes was the highest it had been. Council on the Ageing chief executive Ian Yates has backed Dr Westbury and says the royal commission must address the issue “because it is systemic, unlike physical and sexual violence”.

“We have seen a significant shift from physical restraints to chemical restraint in the past decade, or even longer, so now it is hidden,” Mr Yates said.

“Residents in aged-care homes are being turned into zombies to manage their behaviour. It is a lazy practice, it is ignorant and it masks real health issues a person might have.”

The Australian revealed yesterday that aged-care providers had urged doctors and medical professionals to take more responsibility for signing off on unnecessary prescriptions but the Australian Medical Association said too often nursing homes did not have enough staff or properly trained employees to devote to residents who needed extra attention because of dementia and associated behavioural problems. The royal commission has received tens of thousands of instances of abuse, neglect and substandard care reported by major aged-care providers after it requested the data in late November.

In her submission, Dr Westbury, from the University of Tasmania, said more than 60 per cent of nursing home residents — based on a national sample of 11,500 — were taking

one or more psychotropics every day. They include: powerful antipsychotics developed to treat schizophrenia; benzodiazepines such as Temazepam; and, increasingly, antidepressants used off-label to treat insomnia or for their sedative effects, typically Mirtazapine.

“Residents were often on doses of antipsychotics for years,” Dr Westbury said. “And frequently they were on multiple agents or not taken off doses before giving them another, different drug.”

Benzos are licensed only for short-term use because of “side effects of drowsiness, language impairment, cognitive impairment (and) falls” while the consequences are even worse for antipsychotics. In her submission, Dr Westbury said: “In dementia, only one agent, Risperidone, is subsidised by the PBS for use in Australia and only then for 12 weeks in Alzheimer’s disease (not vascular dementia or Lewy Body dementia) and only for agitation and or psychosis when other treatments failed.

“When taken by people with dementia, antipsychotics increase the risk of stroke, death from any cause, heart arrhythmias and pneumonia and also cause metabolic and movement disorders. In the US, they are not licensed for use in people with dementia at all and have a black box warning of severe adverse effects.”

In a new paper to be published next month in *Australian & New Zealand Journal of Psychiatry*, Dr Westbury says the rate of “regular” antipsychotic use across the country appears to have decreased but “the frequency of ‘prn’ (as needed) antipsychotic prescribing has risen markedly and is the highest reported to date in Australia”. Where antipsychotics were prescribed, Risperidone was used in half of those cases, or about 1300 residents.

Despite results of an intervention funded by the federal government showing prescriptions of antipsychotics could be stopped or dosages lowered in about 40 per cent of cases, Dr Westbury said the Health Department told her in 2017 that an extension of the trial would not go ahead because the use of antipsychotics was “no longer a - problem”.

That same year, an aged-care quality report, written by current Small Business Ombudsman Kate Carnell and Ron Paterson, said the issue was of “grave concern” and recommended that the new aged-care quality and safety commissioner’s chief clinical - adviser be required to approve the use of antipsychotic medications in nursing homes.

New legislation for both the commission and the adviser was passed last year but does not have that power in it.

Mr Yates said in many cases, nursing home residents “acted out” because they were actually in significant or persistent pain but were unable to communicate with staff about their needs and were dosed with sedatives rather than being treated for underlying problems.

The royal commission into aged care was called by Scott Morrison in September, partly in response to deaths at the Oakden nursing home in South Australia, particularly that of Robert Spriggs, whose family found out after he died in 2016 that he had been given 500mg of the antipsychotic medication Seroquel instead of the prescribed 50mg and the bruising he had experienced was “likely caused by his being strapped into a chair”.

University of Melbourne senior research associate Yvette Maker, the lead author of a paper in the *Alternative Law Journal* on responses to the Oakden scandal, wrote late last year: “Major concerns were raised in each of the reviews about the culture of secrecy, conflict and hostility to scrutiny and change, as well as inadequate leadership, at Oakden.”

RICK MORTON, SOCIAL AFFAIRS REPORTER

Rick has covered social policy for The Australian since 2013 with a particular focus on large government programs such as the National Disability Insurance Scheme, aged care, child care and the employment servi... [Read more](#)