GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Supporting Your Registrar to Provide Best Practice Care for Nursing Home Residents

What conditions are most commonly managed in residential aged care facilities (RACFs)?

- Dementia (16.7% of consultations, which was 6 times more frequent than in general practice consultations)
- UTIs
- Depression
- Cardiac failure
- Chronic skin ulcers

What conditions are most commonly managed in residential aged care facilities (RACFs)?

Choosing Wisely Australia recommendations:

- Avoid medication-related harm in older patients (>65 years) receiving five or more regularly used medicines by performing a complete medication review and deprescribing whenever appropriate (IMSANZ)
- Recognise and stop the prescribing cascade (ASCEPT)
- Stop medicines when no further benefit will be achieved or the potential harms outweigh the potential benefits for the individual patient (ASCEPT)
- Reduce use of multiple concurrent therapeutics (hyper-polypharmacy) (ASCEPT)
- Do not use antibiotics in asymptomatic bacteriuria
- Do not take a swab or use antibiotics for the management of a leg ulcer without clinical infection

What are the basic management techniques for the different forms of Behavioral and psychological symptoms of dementia (BPSD)?

Agression (refusal of care)	Non pharmacological, DSA, look for trigger
Agitation	Non pharmacological, DSA, look for trigger
Anxiety	Citalopram/mirtazapine
Apathy	Non pharmacological, DSA, look for trigger
Depression	Citalopram/mirtazapine
Disinhibited behaviours	Non pharmacological, DSA, look for trigger. Trial SSRI
Nocturnal disruption	Melatonin/mirtazapine (7.5 mg is more sedating than higher doses)
Psychotic symptoms	Consider antipsychotics with specialist support
Vocally disruptive behaviours	Non pharmacological, DSA, look for trigger
Wandering	Non pharmacological, DSA, look for trigger

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What should my registrar learn about the assessment and management of BPSD?

ASSESSMENT	MANAGEMENT
• Exclude triggers • Pain • Constipation • UTI/urinary retention • Medications – anticholinergic drugs • Hypoxia • Environmental changes • Drug/ETOH withdrawal • Electrolyte abnormalities (hyponatremia!)	Psychotropic medications – ask for help, document consent, aim to wean • Antipsychotic medication may be effective for specific indications; for example, depression, anxiety, psychotic symptoms (hallucinations and delusions), motor activity and aggression • Starting doses should be low and increased slowly with careful monitoring for adverse effects, especially sedation, postural hypotension, and Parkinsonism • PRN prescribing is discouraged, but useful when weaning • Don't use risperidone in Lewy Body dementia or Parkinson's Disease
Basic investigations – MSU, FBC, UEC, LFT, CMP	Non-pharmacological treatment Refer – Dementia Support Australia - https://dementia.com.au/

What should my registrar know about Delirium?

- Look for reversible contributors – similar to falls/BPSD
- Fluctuating pattern is the hallmark
- Watch out for hypoactive delirium
- Avoid medication if possible

SHORTCUT

1. Non pharmacological methods for settling and reassurance please
2. Ensure adequate vision and hearing with aides if possible
3. Frequent re: orientation
4. Offer food and drinks as tolerated
5. Monitor for pain, fever, UTI and other reversible contributors
6. Only give PRN medication when all the above fails and after consultation with clinical manager

What are the key points about Asymptomatic bacteriuria (A.B.)?

- 20-50% of women over age 70 have A.B.
- >9 RCTs have shown no benefit of treating A.B.
  - Some have shown higher incidence of symptomatic UTI over next 3 months
  - No difference in proportion colonised 6 months later
- Exceptions: pregnancy; prior to urological surgery
- Hence, do NOT send urine for culture unless symptoms

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6303460/

https://www.bmj.com/content/345/bmj.e4955

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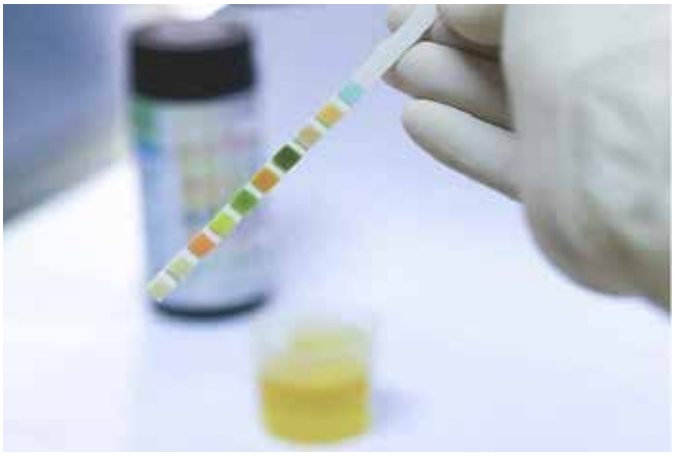


What broad points should my registrar know about UTIs?

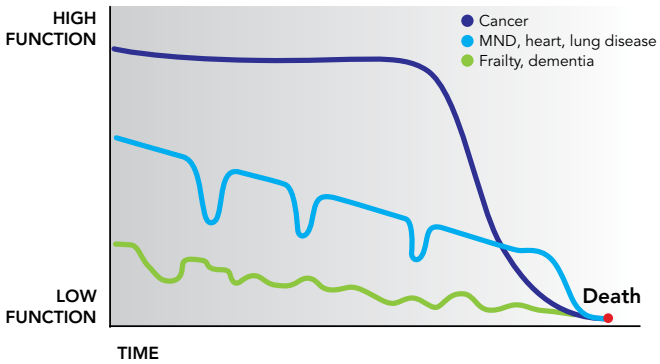
- Diagnosis of UTI can be hard
- Lack of classical symptoms
- A.B. is the leading reason for inappropriate antibiotic use in aged care
- Dipstick poorly specific for UTI
- eTG
  - Asymptomatic bacteriuria is very common in RACFs
  - Do not screen for or treat asymptomatic bacteriuria
  - Do not investigate cloudy or malodourous urine without other symptoms or signs of UTI

**eTG has a handy flow chart which can help with our clinical decision making

What are the basic principles of palliative care?

- Talk to the families!
- Anticipatory prescribing
- Cease medications that are not adding to quality of life
- Review regularly
- Use resources available
- PRN meds
  - Morphine 2.5-5 mg 3/24 s/c
  - Midazolam 2.5-5 mg 4/24 s/c
  - Glycopyrrolate – 0.4 mg tds PRN
- Don't use morphine if eGFR <40 (hydromorphone)
- If already on opiates, use 1/6 total daily dose PRN 4/24

FIGURE 1: PALLIATIVE CARE IN RACF



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What should the registrar learn about Falls in the RACF context?

FALLS

- Falls are usually notified to DR and NOK
- Some medicolegal issues re falls and anticoagulation
- Look for reversible factors
- Ensure physio review and ongoing falls prevention strategies
- Falls are increased in dementia, Parkinson's disease and Lewy body dementia especially

REVERSIBLE FALLS CONTRIBUTORS

- Medications (>3) - especially BZD, psychotropic meds, antihypertensives
- Arrhythmias
- Postural hypotension
- Inappropriate footwear/clothing/ clutter
- Infection/UTI
- Incontinence
- Low muscle strength/ gait abnormalities/frailty/ undernutrition
- Hyponatremia

FALLS MANAGEMENT

- Basic investigations
  - FBC
  - EUC, CMP, LFT
  - Thyroid function tests
  - Vitamin B12, folate
  - Electrocardiography
- Vitamin D and optimise bone health
- Always check postural BP, UA
- Referral for cataract surgery

SHORTCUT - RECURRENT FALLS

1. Monitor for triggers and precipitants to recurrent falls - check hearing, vision, exclude UTI and constipation. - RN/Team leader
2. Exercises to prevent falls and increase core strength and improve balance - Physiotherapist
3. Monitor for ill-fitting shoes/ painful feet/ peripheral neuropathy - Podiatrist
4. Monitor for polypharmacy and medications that can cause falls such as those with anticholinergic effects and benzodiazepines - GP
5. Check postural BP sitting and standing for 1 week please - if postural drop of more than 10 mm Hg please contact doctor

What medicolegal issues are most topical in the RACF context?

- Organise family conferences – ring next-of-kin (NOK) especially at commencement of psychotropic medications, end of life decisions, and hospital admission/discharge
- Importance of Advanced Care Planning – End of life directives
- Tips to having "the conversation". Address feelings of guilt and hopelessness
- Death certificates
  - Take into account family and how the data will be used. (eg dehydration vs renal failure)
  - Try to be specific
  - Need to be "comfortably satisfied"
  - Can state "frailty" if documented decline or "advanced age" over 90 (check age requirements by state or territory)

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What is polypharmacy and how does it fit with deprescribing?

POLYPHARMACY

- Polypharmacy is the concomitant use of five or more medicines
- Affects one million Australians
- Not inherently 'bad'
- But, it is associated with increased risk of adverse outcomes (falls, hospital admission)

DEPRESCRIBING

- Deprescribing is the process of discontinuing drugs that are either potentially harmful or no longer required
- Deprescribing is safe – 2016 systematic review of deprescribing found no change in mortality
- Regular medication review +/- formal DMMR
- Treatment must be underpinned by a valid diagnosis
- Significant event e.g. fall/admission, should prompt medication review
- 'Taper and monitor'
- Shared decision making with patient/family

How can I make the RACF paperwork, scripts and billing requirements less onerous for my registrar?

Familiarise them with NIMs, SAMs, psychotropic, diabetic and BP forms	Familiarise them with item numbers – 903, 707,731
Go through the Aged Care Funding Instrument ("ACFI") paperwork with them	Ensure paperwork is available for round
Make shortcuts in medical software and bill and review appropriately	Electronic charts and scripts are helpful

SHORTCUT - PSYCHOTROPIC MEDICATION REVIEW

1. Good response to psychotropic meds and remain clinically indicated for paranoia.
2. No adverse side effects of meds including falls/ parkinsonism
3. Family members are aware of potential side effects including sudden cardiac death and CVA and happy to continue medications for the benefit of the patient.
4. Facility is using all non pharmacological measures to settle patient.

How can I help my registrar keep track of 3-monthly care plan reviews?

- Save the 731 in Actions
- Check every week or so to update Actions
- (Optional) keep track of recent obs and medication changes in Notes

NB: billing to be done by "usual GP" (not registrar)

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Resources

GPSA webinars

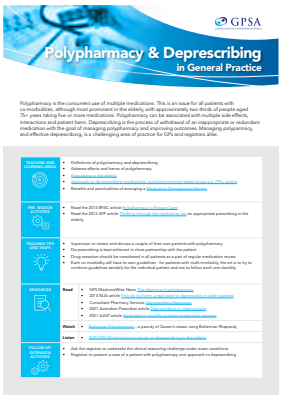
GPSA guides

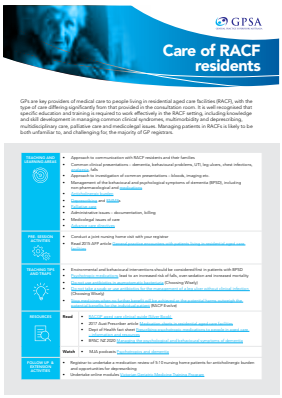
GPSA teaching plans

GPSA FAQs

All GPSA resources are available here

- TEACHING PLANS:
  - Care of RACF Residents https://gpsupervisorsaustralia.org.au/download/11992/
  - Dementia – diagnosis https://gpsupervisorsaustralia.org.au/download/3891/
  - Dementia – management https://gpsupervisorsaustralia.org.au/download/5002/
  - Polypharmacy and deprescribing https://gpsupervisorsaustralia.org.au/download/2146/





- Choosing Wisely Australia https://www.choosingwisely.org.au/recommendations
- NPS MedicineWise https://www.nps.org.au/
- RACGP Residential care contextual unit https://www.racgp.org.au/education/education-providers/curriculum/contextual-units/populations/rc16-residential-care#ref-num-2
- General practice encounters with patients living in residential aged care facilities https://www.racgp.org.au/afp/2015/april/general-practice-encounters-with-patients-living-in-residential-aged-care-facilities/
- Home visits and nursing home visits by early-career GPs: a cross-sectional study https://academic.oup.com/fampra/article/34/1/77/2503179
- Silver Book – RACGP https://www.racgp.org.au/silverbook
- Care Search www.Caresearch.com.au
- Therapeutic guidelines https://www.tg.org.au/

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au W: gpsa.org.au
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