



Submission to the *Australian Government Department of Health* *consultation on the National Medicines Policy Review*

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Background

The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the Australian Government Department of Health consultation on the *National Medicines Policy Review*.

The Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation in education, awareness, information and advocacy alongside representation in each state and territory means that we are best placed to represent the interests of individuals, carers and health professionals in relation to the National Medicines Policy (NMP) and continence-related issues.

Incontinence affects one in four Australian adults¹, is frequently a chronic condition that would benefit from a Chronic Disease Management (CDM) plan and is recognised as a disability under the Disability Discrimination Act 1992. Medicines can be a determining element in the causation and treatment of incontinence in individuals, however, the interrelationship is not always well recognised. While some medications can address the symptoms of incontinence, often with bothersome side effects, common medications including antidepressants, hypnotics, narcotics, laxatives and diuretics are also all significantly associated with iatrogenic effects, including incontinence in both men and women.² Medicines have been shown to contribute to incontinence by inducing increased urine production, constipation, impaired cognition or mobility, and acting on the lower urinary tract.³ These effects, and their consequences, create a complex environment for medication treatment. Much greater levels of guidance for clinicians and consumers is required to mitigate the negative health outcomes and to optimise the health benefits of medications at population level and management to deliver person-centred continence care.

Recommendations

The Foundation makes the following recommendations to ensure evidence-based, contemporary, and effective medicine-related care is delivered to Australians experiencing, or at risk of incontinence or continence issues:

- The proposed principle of Stewardship is not clear. This should be replaced with the principles of 'systems-based approaches' and 'support for existing activity' used in The National Strategy for Quality Use of Medicine to provide greater clarity of responsibilities and roles of stakeholders.
- The iatrogenic effects of medications on continence need to be recognised and managed by treating clinicians and by consumers through informed choices.
- The Continence Foundation of Australia should be consulted on how best to coordinate, develop and implement the National Medicines Policy for continence-specific issues.
- Inclusion of relevant health professionals, such as Pharmacists trained in continence-specific care, Nurse Practitioners working in relevant fields such as continence, aged care and/or urology and the National Continence Helpline to facilitate advice, assessment and treatment, where incontinence is recognised as a medication-linked condition or a risk factor due to medicine intake.

The Foundation will respond to the following terms of reference:

Terms of Reference 1: Evaluate the current NMP objectives and determine whether these should be modified or additional objectives included. This includes consideration of the proposed principles to be included within the NMP.

The Foundation supports the continuation of the current National Medicines Policy objectives and generally supports the adoption of the proposed principles. However, the Foundation wishes to highlight that the proposed principle of Stewardship should not be seen as a delegation of responsibility to any and all stakeholders. Clear guidelines and rules must be set out to enable accountability of actions for any stakeholder with responsibility over the NMP. For health peak bodies such as the Foundation, whose mandate is to support and promote continence health, there is little advice on what this translates to in terms of the NMP due to a lack of measures of accountability. This is also the case for consumers who must be empowered rather than burdened with the responsibility of Stewardship over the NMP. Instead, the Foundation proposes the replacement of the vague concept of 'Stewardship' with the principles set out in the National Strategy for Quality Use of Medicines (QUM). The principles of 'systems-based approaches' and 'support for existing activity' are clear and understandable to stakeholders and can guide the development of behaviours and an environment that supports QUM as well as existing initiatives.⁴ This guidance is required to facilitate a top-down/bottom-up approach which synthesises and builds on current best practices in medications management.

The NMP is a principle based high-level policy and considering it intersects with a range of other sectors, a key statement should be added regarding its alignment with related policies. This would be especially significant in the areas of preventive health, older Australians, people with disability and culturally and linguistically diverse groups to ensure equitable health outcomes for all Australians.

Terms of Reference 2: Consider the definition of medicines and whether the NMP needs to be expanded to include health technologies

The Foundation has no firm position on whether the definition of medicines should be expanded to include medical devices. The NMP must consider the impact this expansion will have on clinician

prescriptions for medical devices and the addition of social prescribing to consumers particularly if treatment combines with prescribed use of therapeutic goods. For instance, the prescription of pessaries can help to address urinary incontinence or pelvic organ prolapse symptoms in women⁵⁻⁶ allowing for increased socioeconomic participation. While there is growing recognition of the interrelationship between devices and medicines, expanding the definition also implies that there will be a shift away from a consumer-centric policy towards industry and health professionals. This is because the inclusion of medical devices, such as medical gloves, syringes and x-rays are more likely to affect health professionals and industry activity rather than consumers.

The Foundation wishes to point out that the broadening of the definition of medicines will also likely marginalise vulnerable consumers who already face significant barriers to care, including consumers experiencing incontinence. Incontinence can be stigmatising, affect mental health, quality of life and may lead to withdrawal from social contact, physical activity and work.⁷⁻⁸ Several Australian studies have found that roughly 70% of individuals do not seek advice or treatment from health professionals for urinary incontinence⁹⁻¹⁰, even if they are sitting in a GP waiting room.¹¹ It is likely that faecal incontinence is raised even less often. These barriers to care, including pharmacological treatments, are likely compounded for communities at greater risk of incontinence:

- One in three Australians with a disability currently experience incontinence.¹²
- People with incontinence have a 6 to 43% likelihood of comorbid depression.¹³
- People with chronic conditions¹⁴ including cancer, diabetes, asthma, heart/cardiovascular disease and constipation are all at higher risk of incontinence.^{12,15}
- Between 23 and 54% of Aboriginal and Torres Strait Islander people experience incontinence.¹⁶⁻¹⁷

A clear focus on consumers within the NMP, their diverse needs and expectations will lead to a cohesive and supportive policy that supports essential continence-related care.

Terms of Reference 3: Assess the National Medicines Policy's utility in the context of rapidly evolving treatment options, population changes, interconnected relationships, and system-wide changes.

There have been extensive changes in the health system, available treatment options and consumer behaviour over the last twenty years. On the latter, the NMP must recognise and address the need for a proactive approach to health issues, including continence-related issues. One of the key approaches to do this is to support the development and empowerment of consumers, especially consumers in marginalised communities, through greater health literacy efforts.

Continence-related health literacy paints a stark picture for the rest of the health system, including medicines policy. Despite 1 in 4 adult Australians experiencing incontinence¹, incontinence appears to be a weak link in the capacity for health systems and NMP to address significant change. A US study of lower socio-economic consumers accessing medication treatment for overactive bladder or urinary incontinence found that the odds of discontinuation of medication are significantly increased if consumers had experienced polypharmacy, previous experience of urinary tract infection and depression. Discontinuation led to a significantly higher risk of urinary tract infection. Both patient education and monitoring were highlighted as equally important measures to ensure maintenance of therapy¹⁸ and likely better health outcomes. This is echoed in Australian studies where consumers may self-manage their medication to aim for a containment strategy rather than a strategy that delivers better quality of life. Two Australian studies found that men and women adopted precautionary measures to avoid experiencing incontinence in public with 12% of women of working age (18-65 years), 18% of women aged 66 and over and 18% of men (34-92 years) changing the

timing or type of medication before going out.¹⁹⁻²⁰ The fact medication that is known to lead to incontinence is managed to facilitate containment over continence can be suboptimal for both health and quality of life in individuals. Consumer health literacy is an important measure to ensure adherence and persistence in optimal treatment, including medication regimens, and therefore better health outcomes.

Having access to health professionals who are highly skilled and knowledgeable in continence-related care and medication treatment can also mean higher levels of health literacy and better self-care management. The introduction of a Nurse Continence Specialist (NCS) as part of a multidisciplinary home care service has been shown to have significant positive impacts on consumers.²¹ An Australian study found that consumers experiencing incontinence and their carers receiving support from NCSs reported better education, but also better quality of life, through effective management of incontinence and better access and choice in continence products. This highlights the need to provide person-centric continence care. A comprehensive level of support that involves a proactive, evidence-based, relevant and contemporary approach to provision of support for self-management and care can facilitate greater consumer health literacy and will lead to better health outcomes.

Terms of Reference 4: Consider the centrality of the consumer within the NMP and whether it captures the diversity of consumers' needs and expectations.

The National Medicines Policy must promote and provide guidance that supports all aspects of individual health and wellbeing. The role of the consumer should be broadened to include a spectrum of consumer engagement from one that is passive to one that is informed, empowered and engaged with their health as partners. The passive nature of the consumer implied in the original NMP is unlikely to be able to capture the diversity of consumer needs and expectations today.

When the diverse needs of consumers are not recognised in practice, this can be marginalising and result in discriminatory care. For instance, older people are underserved, in terms of psychosocial support, and overmedicated as compared to younger people. This is a clear disparity that grows as people become older where older consumers are more likely to receive Pharmaceutical Benefit Scheme (PBS) subsidised medications and less mental health-related Medicare Benefits Schedule (MBS) treatments. This inequity peaks in Australians aged 75 or over where 34% receive PBS subsidised medications but less than five percent access mental health-related MBS treatments²² which can have additional negative health consequences. In older community dwelling adults, consumers with higher medication intake (ingesting five or more drugs) were almost five times as likely to be taking a medication contributing to urinary incontinence.²³ The consequences of continence-related impacts from medications are not always assessed when prescribed, therefore placing consumers at additional, but unnecessary risk of negative health outcomes.

Quality of care related to incontinence should be an important aspect of programs run under the NMP directive. An Australian study evaluated the best method to address medication reviews for 80 community-dwelling consumers assessed by an Aged Care Assessment Team (ACAT).²⁴ It found that ACAT initiated pharmacist home medicines reviews (APHMR), a comprehensive medication review conducted at the consumer's home, led to an extra 94 medication related problems being associated with a moderate, high or extreme risk of an adverse event with over half leading to changes in consumer medication regimen²⁴ and likely lowering risk of negative health outcomes. It should also be recognised that Nurse Practitioners, who practice independently in an advanced and extended

clinical role and can prescribe some medicines, working in a relevant field such as continence, aged care and/or urology,²⁵ are also a practical alternative for referral for medicine-related continence care. In addition, the Foundation's National Continence Helpline, staffed by qualified NCSs, provides a significant avenue in advice for health professionals and consumers around Australia on assessment, care, management, treatment including medication-related care, medication impacts on continence and information on referrals to continence services. These existing opportunities provide a basis on which consumer centric care can be delivered to support better consumer health and continence-related medication service provision.

Terms of Reference 6: Review the NMP partners and provide options for building greater accountability including addressing conflicts of interest.

The current framework and existing services within the continence and medicines sectors are unaligned and fragmented. It requires significant effort to become a cohesive and supportive aspect of the NMP. Efforts to address the gaps in this sector remain inconsistent but show signs of promise. For instance, the Foundation has worked in collaboration with the Platform Pharmacy Group to pilot the "Continence Smart Pharmacy" project. The project aims to build the knowledge and capacity of pharmacists and pharmacy assistants to better engage consumers in discussions about incontinence and continence care and provide appropriate referral pathways which include NCSs, Pelvic Floor Physiotherapists and other specialists. The pilot program in the ACT and rural north west NSW will conclude in April 2022 and the learning will be used to update and broaden the program. Innovative programs like this emphasise the pivotal role the Foundation can play in addressing the gaps inherent, and building accountability, within the NMP.

As a health peak body, the Foundation is keen to take on a central role to collaborate with all relevant stakeholders in a way that will deliver effective, evidence-based and contemporary continence-related medicines care. The Foundation's existing experience includes promoting evidence-based and contemporary health advice via its online resources, managing the National Continence Helpline, supporting training programs to upskill health professionals in evidence-based, contemporary and effective continence care and operating specialist continence services for consumers. To this end, the Foundation can leverage its expertise and networks within this sector to develop a comprehensive approach to address continence-related medicines issues.

Conclusion

The National Medicines Policy must be updated to remain relevant to the changing needs of the Australian population and technological advances. It also needs to be resilient in the face of the social, demographic, epidemiological and technological shifts which will emerge over the next 20 years. In order to play a significant role in optimising the potential for health of all Australians, the policy needs to stimulate a proactive approach to supporting and empowering consumers, raising levels of knowledge and awareness about the benefits and risks of medications, providing clear guidance for clinicians in assessing the risks and benefits of medications and the need to work with consumers to achieve informed consent to treatments. In addition, the revised policy should include measures to strengthen the integration of continence awareness and understanding in current practice. The Foundation has a central role to play in achieving this aim.

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