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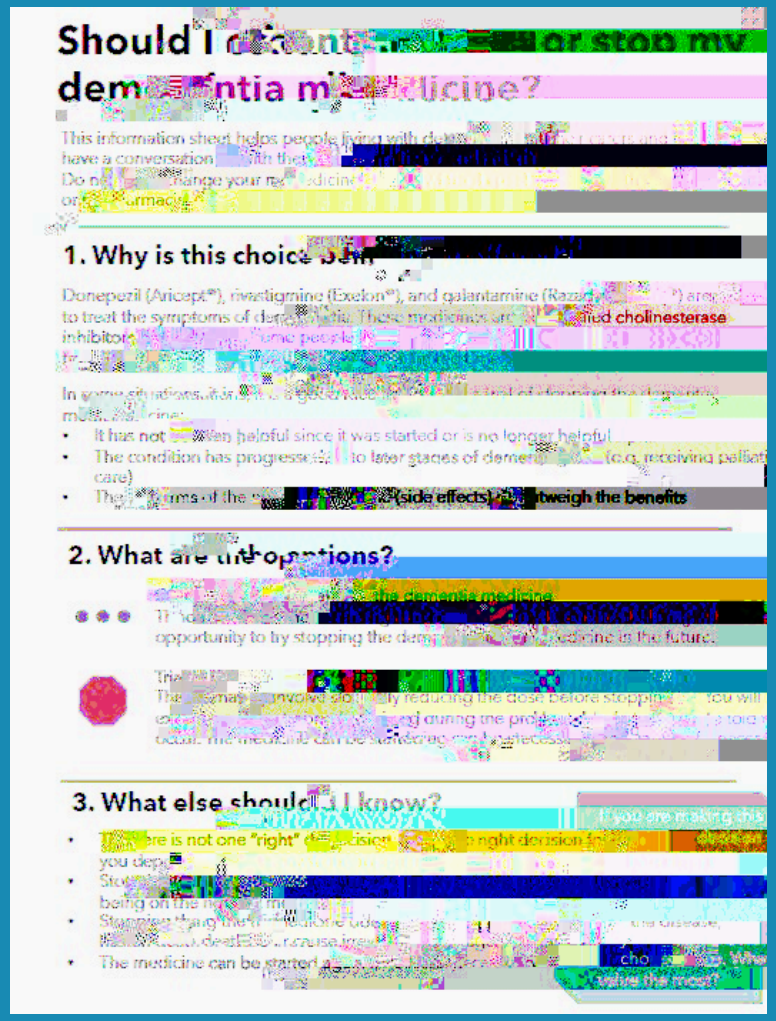
Aim: To de elop a Decision Aid for deprescribing or con in ing ChEIs This is designed o complemen an e idence based deprescribing g ideline for ChEIs and meman ine hich incl es an algori hm o help clinicians deprescribe hese medications



Design and methods:
De elopmen in ol ed defining

he pro o pe and changes ere made f r her es ing One on one in ie s ere cond c ed i h General Pract ioners and cons mers one person li ing i h demen ia and c ers The research eam s n hesised he findings o compile o r nds of modifica ion e changes o impro e he o n fo ma and s c re of the decision aid ere made

Evaluating the impact of new prescribing restrictions for proton pump inhibitors in Australia: an interrupted time series analysis

Are we using Australian routinely collected data to its full potential? An analysis of published research on medicine use and health related outcomes

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Background and aims

- Routinely collected data on prescribed medicines is used increasingly to evaluate real-world medicines effectiveness and safety
- Australiaôs Pharmaceutical Benefits Scheme (PBS) dispensing data can be leveraged for post-market surveillance of medicines
- Here, we catalogue published literature using PBS dispensing claims to assess medicine use and health related outcomes

Methods

- Peer-reviewed studies published between 1987 and 2020
- Independent reviewers screened abstracts and full-text manuscripts and extracted data in duplicate
- We characterised publications according to:

Study population **Medicine group**

Results

- **107** studies published; **48** between 2016 and 2020
- **28** used aggregated data (ecological designs), **12** used medicines dispensed as a proxy of health-related outcomes and **67** linked PBS data to other health datasets

	Aggregate data (N = 28) n (%)	Individual-level data (N = 79) n (%)
Study Population: Age profile		
No age restrictions		

Medicine groups evaluated:

- 45% nervous system (e.g. opioids, psychotropics)
- 18% cardiovascular system (e.g. statins, antihypertensives, antithrombotics)
- 16% alimentary tract and metabolism (e.g. anti-diabetics, PPIs)

Conclusions

- Studies using PBS data to assess medicine-related outcomes is growing albeit slowly and likely reflects the challenges of developing fit-for purpose collections to explore these issues
-

Impact

- There are significant gaps in our understanding of medicine related outcomes in Australia
- Developing a linked dataset that is reflective of the Australian population will help address significant gaps in our understanding of the outcomes of medicine use in populations underrepresented in clinical trials

Excellence in Medicines Intelligence (#1196900).

POPPY II Cohort Profile – a population-based linked cohort examining the patterns and outcomes of prescription opioid use in NSW, Australia, 2003-2018

Natasa Gisev[1], Sallie-Anne Pearson[2], Timothy Dobbins[3], Luke Buizen[1], Tom Murphy[1], Andrew Wilson[1], Fiona Blyth[5], Adrian Dunlop[6,7], Sarah Larney[6], David C. Currow[9], Louisa Degenhardt[1]

Background

- There is significant concern about the increased use of prescription opioids over recent years in several countries including the US, Canada, the UK and Australia.[1]
- In Australia, opioid dispensing increased almost four-fold between 1990 and 2014.[2]
- There are no population-based Australian studies examining the long-term patterns and outcomes of people prescribed opioids.

References

1. Berterame S et al. Use of and barriers to access to opioid

[redacted]

Consumer and clinician questions about quality use of medicines in people living with dementia: what are the priorities for future research?

Research Team: Emily Reeve[1,2], Tuan Anh Nguyen[1], Lisa Kalisch Ellett[1], Julia Gilmartin-Thomas[3], Edwin Tan[4], Lynn Chenoweth[5], Mouna Sawan[4], Lyntara S. Quirke (consumer representative), Janet Sluggett[6], Sarah N. Hilmer[7,8]

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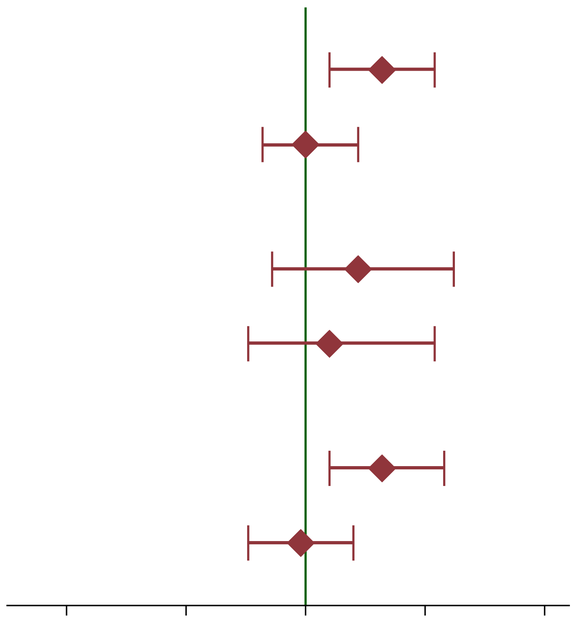

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Since the emergence of COVID-19, there have been increasing concerns about delays and/or discontinuations in cancer care. In Australia in 2020, there were relatively low COVID-19 infection rates, with the first wave of infections occurring in March 2020 and a second wave in July 2020. It is unclear to what extent systemic cancer therapy was impacted by COVID-19 in Australia in the context of low rates of COVID-19 transmission in 2020.

- March to December 2020: no decrease in antineoplastic dispensing
- March 2020: temporary increase in dispensing (39/100,000 population) and initiation of all antineoplastic medicines (3/100,000 population)
- April 2020: temporary increase in discontinuation of antineoplastic medicine (35/1,000 people treated)
- April 2020: temporary decrease in chemotherapy initiation (-2/100,000 population) and temporary increase in chemotherapy discontinuation (52/1,000 treated)

COVID-19 cases, hospitalisations and restrictions in Australia in 2020

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Initiations defined as a dispensing of a cancer medicine where no cancer medicines were dispensed during the preceding 365 days, reported per 100,0

- Temporary increase in March 2020 (51/100,000 population) and decrease in April 2020 onwards (-34/100,000 population), likely due to stockpiling

Discontinuations definedas a gap of 90 days between cancer medicines dispensingsor following the last observed dispensing, reported per 1,000 peop
average (ARIMA) models to quantify changes in these utilisation measures. We modelled temporary changes in March, April and July 2020 and level s

Black line = March 2020, Grey line = July 2020

Acknowledgments: This work was supported by the National Health and Medical Research Council, the National Breast Cancer Foundation and the Translational Cancer Research Network, supported by the Cancer Institute NSW. We thank the Australian Government Services Australia for providing the data.

Background

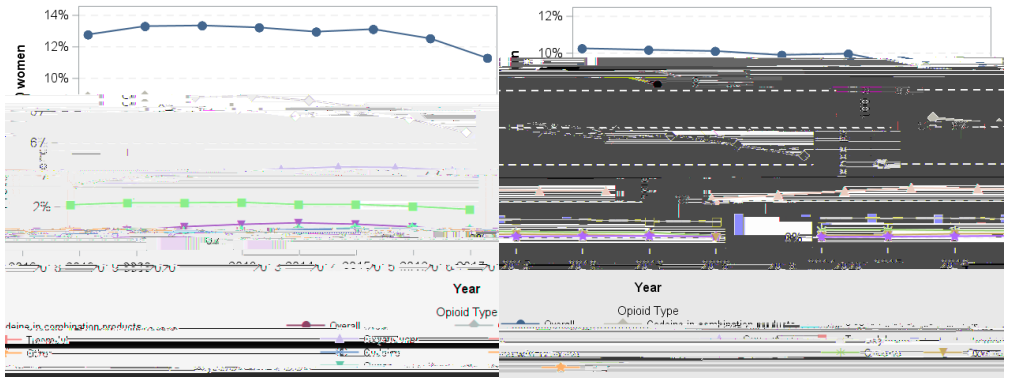
‡Prescription opioid use in pregnancy has been linked to congenital malformations in infants and adverse perinatal outcomes. [1]

‡The limited and conflicting evidence regarding the safety of opioids in pregnancy underscores the importance of the quality use of opioid medicines in women who might become pregnant.

‡As around half of all pregnancies are unplanned [2], prescription opioid use among women of reproductive age may result in exposure in unplanned pregnancies.

‡Thus, an understanding of prescription opioid use among women of reproductive age is crucial.

1. To examine trends in the prevalence and incidence of prescription opioid use in Australian women aged 15 to 44 years.



Changing general practitioner when entering residential aged care: impact on psychotropic medicine use and polypharmacy in 2,250 Australians with dementia

Heidi Welberry[1], Louisa Jorm[1], Sebastiano Barbieri[1], Benjumin Hsu[1], Andrea Schaffer[1], Mark Harris[4], John Hall[1,5], Henry Brodaty[2,3]

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1st Annual Research Symposium and Policy Forum

Outcomes – six months after entry to RAC

1. Number of unique medicine dispensings (based on 7 digit ATC code)
2. Proportion with polypharmacy (>=5 medicines) and hyper-polypharmacy (>=10 medicines)
3. Proportion with an antipsychotic/ benzodiazepine/ antidepressant dispensing

Statistical Analysis

We calculated Inverse Probability of Treatment (IPT) weights to balance group characteristics using a range of covariates from the 45 and Up Baseline Survey, and health and social care use based on administrative datasets. The main analyses use weighted regression – Logistic for binary outcomes and Poisson for count data to asses relative differences between groups. These additionally controlled for prior medicine u in the six month period before entry to RAC and prior hospitalisation (using the "surve package in R).

Heidi was supported by an Australian Government Research Training Program scholarship; and scholarship through Maintain Your Brain funded through NHMRC Boosting Dementia Research Team Grant. This research study was completed using data collected through the 45 and Up Study (www.saxinstitute.org.au). The 45 and Up Study is managed by the Sax Institute in collaboration with major partner Cancer Council NSW; and partners: the National Heart Foundation of Australia (NSW Division); NSW Ministry of Health; NSW Government Family and Community Services, Ageing, Carers and the Disability Council NSW; and the Australian Red Cross Blood Service. We thank the many thousands of people participating in the 45 and Up Study. We also thank the Centre for Health Record Linkage and the AIHW for the data linkage. Approved within the study

Exploring the relationship between social care, primary care and hospital use and adverse health outcomes (Ethics Ref6 (:.9 ( )427 (f( ) 39.96 -0 0 39.96 75.575 1124.6399 Tm [(W)37.2 (e)-0.6 ( )-3.2 (i)0.8 (ncl)0.8 (uded)-0.6 ( )-3.2 (pa)-1.5 (r)0.7 (t)-1.4 (i)0.8 (ci)0.8 (p)-0.6 (a)-1.5 (t)-1.4 (i)0.8 (n)-0.6 (t)-1.4 (s)-0.6 ( )-3.2 (w)0.7 (h)-0.6 (o)-0.6 ( )-3.2 (h)-0.6 (a)-1.5 (d)-0.6 ( )-3.2 (a)-1.5 (t)-1.4 (l)0.8 (e)-0.6 (a)-1.5 (s)-0.6 (t)-1.4 ( )-3.2 (o)-0.6 (n)-0.6 (e)-0.6 ( )-3.2 (h)-0.6 (o)-0.6 (m)0.7 (e)-0.6 ( )-3.2 (c)0.8 (a)-1.5 (r)0.7 (e)-0.6 ( )-3.2 (v)0.7 (i)0.8 (s)-0.6 (i)0.8 (t)-1.4 ( )-3.2 (i)0.8 (n)-0.6 ( )-3.2 (t)-1.4 (h)-0.6 (e)-0.6 ( )-3.2 (p)-0.6 (r)0.7 (e)-0.6 (v)0.7 (i)0.8 (o)-0.6 (u)-0.6 (s)-0.6 ( )-3.2 (y)0.7 (e)-0.6 (a)-1.5 (r)0.7 ( )-3.2 (p)-0.6 (r)0.7 (i)0.8 (o)-0.6 (r)0.7 ( )-3.2 (t)-1.4 (o)-0.6 ( )-3.2 (e)-0.6 (n)-0.6 (t)-1.4 (r)0.7 (y)0.7 (;)