

Medicines Australia Conference Dinner

**Living Longer, Living Well:
The role of medicines and Alzheimer's in an ageing Australia**

**Dockside,
Cockle Bay wharf, Sydney**

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**Ita Buttrose AO, OBE
National President – Alzheimer's Australia**

The Federal Minister for Health and Ageing, the Hon Tanya Plibersek, Chairman of Medicines Australia, Mark Masterson, Chief Executive Dr Brendan Shaw and members of the Medicines Australia Board, distinguished guests, conference speakers and delegates, ladies and gentlemen.

Let me say as president of Alzheimer's Australia that we value our relationship with Medicines Australia.

The initiatives that have been taken over the years to promote relationships between the industry and non-government organisations and to ensure transparency in those relationships have been important.

I can say that with confidence, given the involvement I have had over the years with Arthritis Australia, the Macular Degeneration Foundation, and now as National President of Alzheimer's Australia.

Your support has been critical to developing the intellectual capital needed to support the advocacy of Alzheimer's Australia.

This includes the seminal report on the economic and social impacts of dementia that was commissioned by Alzheimer's Australia back in 2003 with support from your industry. This report was instrumental in convincing the then Australian government to introduce the world's first National Dementia Initiative in 2005.

The support of the members of Medicines Australia has also enabled Alzheimer's Australia to invest in a communications strategy that ensures our messages are delivered effectively at the political and community level.

And I trust you are as pleased as we are with the results of that advocacy and our Fight Dementia Campaign.

The commitment to tackling dementia in the *Living Longer. Living Better*. Aged Care Reform package in the 2012 budget is a great outcome for people with dementia and those who care for them.

We already have seen a number of exciting developments.

First was the endorsement of dementia as a National Health Priority Area by the standing council of health ministers in August.

At last dementia has been recognised as a chronic disease that sits alongside other chronic diseases such as cancer and heart disease. After a decade of advocacy, governments have accepted that dementia is not simply a natural part of ageing.

And last month during Dementia Awareness Week, Alzheimer's Australia officially launched the world's first national dementia risk reduction program: *Your Brain Matters*.

Over the next three years this exciting program will reach out to all Australians with three key messages: look after your brain, look after your body, and look after your heart.

As pleased as we are with these outcomes, there was one element missing from *Living Longer. Living Better*, there was no new investment in dementia research.

Our major concern is that Australia is not doing nearly enough as a country to invest in dementia research to avoid the worst impacts of dementia in the future.

Australia has some of the world's leading scientists in the dementia field, yet their work receives only a small fraction of the research funding allocated to other health

priority areas such as cancer or heart. In the past 10 years this gap has been growing, something that greatly concerns Alzheimer's Australia.

Why has this happened?

It appears the biggest problem is the lack of capacity within the sector to compete for limited funds. While research fields such as cancer and cardiovascular disease have been successful in attracting the best and brightest new scientists to their fields, this is a particular area where dementia is being left behind.

Over the past 10 years, there have been just 56 grants, scholarships and fellowships awarded to new dementia researchers through the national health & medical research council.

In comparison, the number of grants for cancer, cardiovascular disease and diabetes are around 700, 500 and 250 respectively.

We are also concerned that there is insufficient investment in priority research questions in dementia, and a lack of emphasis on translating what we already know about dementia care into better practice.

For these reasons, we have recently launched phase two of our Fight Dementia Campaign. We are seeking an additional investment in dementia research of \$200 million over five years in the 2013 Federal Budget.

This will bring the government's investment in dementia research to approximately \$60 million per annum; around one per cent of the cost of dementia care.

If we are to work towards our shared vision of a World Without Dementia this kind of investment is essential.

The four objectives for the new funding are:

- To build capacity in dementia research by supporting 150 of the best new researchers to start working on the biggest challenges in the field;
- To establish a strategic fund to support major new dementia research projects targeted at the most pressing issues facing health and aged care;
- To ensure we make the most of what we already know by translating existing research into better dementia care practice;
- To invest in vital dementia research infrastructure to allow our scientists to develop the solutions we need.

These kind of research investments have worked for other chronic diseases, like cancer and heart disease, and we are confident that if this additional funding is made available, we have a chance of reducing the number of people living with dementia in the future.

If dementia could be delayed by just five years, the number of people with the condition could be reduced by one third by 2050.

This is what we are striving for, but really it's not just up to governments. We all have an interest in a dementia-free future.

On your tables you will find dementia champion cards. Do please fill them in and add your voice to this cause.

I'm sure you're all aware of the recent setbacks in clinical trials of dementia medications. I know that these have been a huge disappointment to your industry.

But they've been an even greater disappointment to the millions of people with dementia worldwide who are hoping against hope for effective treatments.

I understand these failures have had a significant impact on the bottom line, and that in a difficult financial environment decisions have been made by some in your industry to shift their research and development focus elsewhere.

I would urge you all to maintain your faith in the power of research and advances in medicine to help reduce the number of people with dementia in the future.

I believe we can be cautiously optimistic about the future given the progress made in understanding dementia.

There are many different strategies currently being researched to modify the progression of the disease. Some have failed, it is true, but there are other promising drug candidates in early stages of trials.

There now seems to be much greater confidence in identifying those at risk or in presymptomatic stages of dementia using advanced biomarker technology. It seems so much more promising to target the disease before significant damage to the brain has occurred.

And there are helpful policy developments such as the Australian clinical trials website launched by Minister Plibersek earlier this month, the review of the patent system and the recommendations from the McKeon review of health and medical research.

The search for new treatments is paramount and, as difficult as the task may be, this is where the pharmaceutical industry has a vital role to play.

And to help you in the search increased funding is needed for dementia research to address fundamental questions in better understanding dementia.

Why is it, for example, that at autopsy the brains of some people who did not have the clinical symptoms of dementia do have the pathology of advanced Alzheimer's disease?

Why is it that 10-20 per cent of people who meet the diagnosis of mild cognitive impairment recover their function, where others go on to develop dementia?

How can we better understand the genetic and environmental influences on dementia, or the linkages between chronic diseases such as diabetes, heart disease, obesity and Alzheimer's disease?

To the lay person, these are fascinating questions, and I find it heartening almost every week these days, to come across new insights in dementia research that add just a little more to what we know.

Over time, I'm hopeful that these will add up to a better understanding of the causes and nature of dementia as a chronic disease.

This understanding is of course crucial to allow you as an industry to allocate targeted investment in areas that provide the greatest chance of return.

The investments required for the development and trialling of new medications are substantial, and I'm fully aware that the success ratio in respect of Alzheimer's medications has not been encouraging in recent years.

I'm aware too that since 1998 there have been 101 unsuccessful attempts to develop drugs to beat Alzheimer's disease.

In that time only three new medications have been approved to treat the symptoms of Alzheimer's disease – not a healthy ratio for the bottom line of companies making such large investments.

I also know that there is additional uncertainty for your industry given the expiry of patents on the symptomatic dementia medications that are currently approved.

However, I hope that the knowledge gained from these trials – both successful and unsuccessful – will add to possible treatments in the longer term.

But from a lay point of view it does seem to me to suggest that investment in fundamental science is needed if we are to effectively target precious dollars on the development of new medications.

Just as we do as a consumer organisation, I know that your industry attaches importance to the effective utilisation of medications. The evidence available to me suggests that we can do much better in the way we provide medications to older people.

This has been highlighted most recently by concerns among consumers and some clinicians about the inappropriate use of anti-psychotics among some people with dementia, particularly those in residential care.

These medications do of course have a clinical role. However, we also know they can have serious side effects including stroke and death.

Alzheimer's Australia has been advocating for a number of years about the need to do more to ensure compliance with guidelines that specify these medications are to be used among people with dementia only as a last resort.

We are also concerned about evidence that suggests that requirements for consent from an authorised decision maker prior to commencement of anti-psychotics are rarely followed.

It really is in nobody's interest that a situation like this should continue, particularly when other countries such as the United Kingdom and the United States have taken steps to better protect older people in this area.

It is perhaps even more remarkable given the role of the pharmaceutical benefits advisory committee, the therapeutic goods administration, the national prescribing service, and the consent laws at state level that it is so difficult to achieve better outcomes in terms of prescribing practice.

More generally, there is evidence that older Australians and particularly those in residential care – again, are taking large numbers of medications.

People in residential care are among the most vulnerable in our community. Surely it can't be appropriate for any such person to be taking on average 15 different types of medication.

There is some interesting research that shows...not surprisingly...that some of the medications given to people in residential care can be terminated without any detriment to health or wellbeing.

With such a range of polypharmacy, we too often see negative outcomes. A recent report to the pharmaceutical benefits advisory committee, for example, found that 30 per cent of individuals with dementia receiving anti-cholinesterase inhibitors were concurrently taking contra-indicated cholinergic medications; negating any benefits while doubling the risk of side effects.

Surely the unnecessary prescribing of medicines must be a concern for government – why waste resources that could be better used providing appropriate care and support for older people.

As a consumer organisation, Alzheimer's Australia also holds that we need to do better at ensuring equitable access to those dementia medications that do exist for those who stand to benefit for them.

The announcement by the Pharmaceutical Benefits Advisory Committee earlier this year of a review into currently listed anti-dementia medications sparked widespread concern among consumers that the already restrictive eligibility rules would be tightened further.

Medications that are known to be effective at maintaining cognitive function or slowing the rate of decline are being evaluated and subsidised against a benchmark that requires improvement in function.

While some people do improve, temporarily, is this really a fair measure of benefit among those with progressive, neuro-degenerative disease?

Alzheimer's Australia's position on this issue is that these medications should be prescribed and subsidised according to the judgement of the treating clinician, not according to an insensitive and relatively unreliable measure of memory function.

These issues are complex. I understand that,

In respect of anti-psychotic medications, regulation through the Pharmaceutical Benefit Scheme may simply have the undesirable effect of encouraging greater off-label prescriptions of other sedative medications.

Doctors also have to weigh up the benefits of the medications they are prescribing against possible side effects. For example, in respect of anti--cholinergic medications doctors may be required to weigh up the benefits of dealing with incontinence on the one hand against the potential benefit to cognitive function on the other.

Available evidence seems to suggest that collectively government, industry, consumer organisations, legal authorities and others need to do better if older people are to benefit as they should from the appropriate prescription of medications.

I hope in the best interests of older Australians we can work together on these issues as we have done on many other matters.

I look forward to building and strengthening the important relationship that Alzheimer's Australia has with medicines Australia and your members.

Thank you for the opportunity to address you this evening.