



Message from the Tonic Media Network Editorial Committee*

Welcome to another edition of *Practice Connect* – your personal, practice and patient focussed newsletter with up-to-date news and information.

Proactive deprescribing beneficial for older patients

As we get older, we tend to accumulate medications that have been prescribed over the course of adulthood, often leading to polypharmacy (defined as taking five or more medications concurrently).

Research in 2017 found that almost a million Australians over the age of 70 were affected by polypharmacy – with women more likely to be using multiple medications than men.

Polypharmacy is linked to increased risks of side effects, medication errors, interactions and poor medication adherence. But are there risks associated with reducing polypharmacy?

In a [new study](#), Western Australia researchers updated a 2016 systematic review and performed a meta-analysis looking at deprescribing and found that careful deprescribing can improve survival rates in older people.

Researchers looked at participants 65 years and older in studies from 2015 to 2024, specifically focussed on deprescribing (rather than optimising medications, which is more about adding or changing medications). 259 studies were included, of which 95 were randomised controlled trials (RCTs).

Data mostly came from the United States, Canada, the United Kingdom and Australia. A subgroup analysis was also performed, looking at the age of the participants and the different types of intervention (deprescribing single medications vs multiple medications).

The data from RCTs showed that deprescribing had a survival benefit when implemented in people aged 65-79.

The research highlights the value of regular and proactive medication review, with the aim of deprescribing to reduce inappropriate polypharmacy. Such changes often occur on an ad-hoc basis, such as during unplanned hospital admissions, but could have a significant benefit if conducted routinely and early on once patients reach the age of 65.

While the authors acknowledge that there can be issues posed by deprescribing – such as the exacerbation of symptoms or rebound phenomena, which need to be managed with a tailored and patient-specific approach.

Further information

[The effect of deprescribing interventions on mortality and health outcomes in older people - An updated systematic review and meta-analysis](#): British Journal of Pharmacology

The importance of holistic care in managing women's sexual pain

Vaginismus is a sexual pain disorder that can have a profound impact on wellbeing and sense of self. It is due to the pelvic floor muscles spasming and can result in vaginal penetration being painful to impossible. It is reported to affect between one and seven per cent of women, but this is likely an underrepresentation due to limited awareness, shame or stigma, and a perceived lack of treatment options.

New [research](#) from Western Sydney University has explored the relationship between patients seeking help for this condition and their sense of self.

Authors conducted a qualitative study using semi-structured interviews, with 21 participants between the ages of 19 and 37 who had received a diagnosis of vaginismus. Researchers collected and coded the transcript data to identify patterns and commonalities across interviewees.

Some key themes that came across in the interviews were a sense that painful sex affected participants' perception of their womanhood – feeling like 'less of a woman' due to the condition.

Importantly for clinicians, participants spoke about factors that encouraged help-seeking, including empathic practitioners who considered patients holistically and recognised the impact the condition could have on mental health, emotional wellbeing and personal relationships.

Participants also spoke to both the physical pain and the experience of seeking help being exhausting and stressful, affecting their sense of agency and mental wellbeing.

Offhand responses by health practitioners could stay with patients for a long time, affecting their sense of self. However, those who demonstrated a willingness to provide support could help empower patients and drive their own sense of self-efficacy.

The authors broadly suggest that concerns about pain during sex are often dismissed/minimised, leading to misdiagnosis, misinformation and incorrect treatment. They saw that sexual pain is often thought of by health professionals as a solely physical issue, with the impact on sense of self and identity not considered.

Given the ongoing stigma associated with raising these topics and help-seeking, discouraging or dismissive offhand comments by health practitioners can have a significant impact and be disempowering – but this also points to the power of well-informed and empathic clinicians in shaping positive outcomes for people experiencing this condition.

Further information

[The interrelationship between women's help-seeking experiences for vaginismus and their sense of self: a qualitative study and abductive analysis](#): Taylor & Francis Online

[The Third Act](#): My Doctor

[Vaginismus fact sheet](#): Jean Hailes

Parenting program reduces risk of child maltreatment and its far-reaching

Mental health conditions have a significant impact and are common. We also know that some mental health issues are associated with experiences from childhood such as maltreatment and abuse.

Child maltreatment includes experiencing physical and sexual abuse and being exposed to domestic violence. The effects are far-reaching, leading to increased risks of mental illness, physical health issues, emotional and relational problems, as well as educational and occupational underachievement.

Interventions such as parenting skills programs have proven successful in reducing the factors which increase the risk of a child being maltreated.

In a new [study](#) researchers looked at one evidence-proven program - the Positive Parenting Program (Triple P), a multi-level, multidisciplinary intervention. The program blends various modes of delivery (online or in person) and it is free to parents because it's funded by the Australian government.

In this research, they did a study conducted in parallel with the statewide implementation of Triple P in Queensland. The research compared intervention communities from poor socio-economic areas with comparison communities in NSW that received standard care and had not yet had exposure to the program.

Data were collected through parent surveys, administrative records from the Queensland Department of Child Safety, Youth, and Women and the NSW Department of Communities and Justice, comparing notifications and substantiations of child maltreatment both before and after the intervention.

Over a three-year period, the Triple P program reached nearly 6,000 participants, accounting for 13 per cent of the targeted communities. Various organisations, including childcare centres, schools, healthcare providers and sporting clubs helped host the program.

In the intervention communities, the rate of child maltreatment notifications dropped by 10 per cent, while substantiations decreased by 25 per cent. In comparison, communities receiving standard care saw a 54% increase in notifications and a 3% rise in substantiations (though administrative changes in NSW during the study period made it easier to report child maltreatment and may have inflated the notification rate).

While the research design targeted disadvantaged communities more at risk of child maltreatment, these results suggest early referral of parents and children at risk of maltreatment is likely to be beneficial.

Participants and researchers found the flexible delivery of the program fit with the needs of those families who used it and that ought to inform future interventions. Given the strong connection between child maltreatment and adult mental health problems, programs like Triple P can be instrumental in breaking cycles of abuse and fostering healthier communities.

Further information

[Parenting, Child Maltreatment, and Social Disadvantage: A Population-Based Implementation and Evaluation of the Triple P System of Evidence-Based Parenting Support](#): Sage Journals

[The impact of childhood trauma](#): My Doctor

Whooping cough vaccination rates low among older Australians

Tetanus, diphtheria and whooping cough are covered by various combination vaccines in Australia. While part of the routine childhood immunisation schedule, recommended coverage for adults becomes more complex, with varying schemes and rules governing who gets which combination and when. For most adults these vaccines are not covered by Medicare. With this complex framework in mind, researchers wanted to delve into the vaccine coverage of these conditions over time. They looked at data from the Australian Immunisation Register (AIR) from the beginning of 2024, capturing coverage of tetanus, whooping cough and diphtheria in adults aged 50 onwards (divided into age brackets of 50-64, 65-74, 75-84, 85+).

The [research found](#) significant rates of under-vaccination in older Australians, with about a third of people over 50 having appropriate coverage for tetanus and diphtheria, and only a fifth for whooping cough. In those covered for tetanus, the most recent vaccine for two thirds of people was dTPa, and a third had dT. Of everyone captured in the study, rates of coverage for tetanus and diphtheria had minimal variation with age, but the proportion of whooping cough coverage consistently declined with age, with only 13.5 per cent of those over 85 up to date. The authors acknowledge that the data may underestimate rates of vaccination, as the AIR only began capturing adult vaccinations in 2016 and reporting these vaccinations to the AIR is not mandatory.

The range of combination vaccines for diphtheria, tetanus and whooping cough means that appropriate vaccine coverage for each disease can make it difficult for patients to keep track of whether their vaccines are up to date. While the aim of routine dTpa boosters in older people is primarily to protect against whooping cough, presentations to emergency for wounds would contribute to coverage rates being higher for diphtheria and tetanus than whooping cough. The authors suggest this means that whooping cough coverage is less comprehensive than it should be. The recommendations for diphtheria, tetanus and whooping cough vaccination are relatively complex, with the study noting practitioners are often not up to date with the recommended schedule.

Furthermore, this research is published at a time when Australians are being urged to get the whooping cough vaccination as infections rise more than tenfold in a year. At the time of writing [more than 26,700 cases reported so far in 2024](#), compared with 2,451 cases for all of 2023.

Further information

[Tetanus, pertussis, and diphtheria vaccination coverage in older adults, Australia, 2023 - analysis of Australian Immunisation Register data](#): MJA

*Dr Norman Swan AM and Dr John Aloizos AM