

## What questions do you have about medicines use in people living with dementia?

### About this study

You have been invited to participate because you are a healthcare professional (or healthcare professional in training) and/or staff member of a healthcare organisation that provides care to people living with dementia. To decide what future research needs to be done we want to know what questions you have about medicine use in people living with dementia.

***If you have had any experience providing or facilitating care for people with dementia we would like you to take part in this research.***

Participation in this research is voluntary. If you don't wish to take part, you don't have to.

Participation in this study will involve filling in an anonymous questionnaire. It will take you about 10 minutes.

**By completing and submitting this questionnaire online [returning to researchers using the reply-paid envelope] you are providing consent to the research team to use your anonymous responses.**

The ethical aspects of this research project have been approved by the Human Research Ethics Committee (HREC) of the University of South Australia (HREC #202847).

The study is being conducted by researchers from:

- The University of South Australia, the University of Sydney, Monash University and the University of New South Wales.

And in partnership with the James Lind Alliance.

Click here to see the full Participant Information Sheet [or See attached Participant Information Sheet for full details].

### The following questions about your eligibility for the study.

Are you at least 18 years old?  Yes  No

Are you Australian OR living and working in Australia?  Yes  No

Are you a healthcare professional, healthcare professional in training (e.g. student) OR employed by a healthcare organisation to provide or administer care?  Yes  No

*If you have had any experience providing or facilitating care for people with dementia we would like you to take part. This includes clinical and administrative roles. You also do not need to be specialised in the area of dementia, nor primarily work in this field.*

If you answered 'Yes' to all three questions, please click the Next Page button below [or continue filling out the questionnaire].

**Phase 1: Evidence uncertainty questionnaire. Clinician version.**

**Tell us your questions!**

It is important that medicines are used safely and effectively to get the best possible health and well-being outcomes. We are interested in all the possible medicines that a person with dementia may take including, medicines for dementia (for memory loss and other related symptoms), medicines for other medical conditions, prescription, over the counter, herbal and complementary medicines.

**You may have questions about:**

- the benefits and harms of specific medicines (or combinations of medicines) in specific scenarios or populations. For example, what medicines (or combinations of medicines) can worsen cognition in people with dementia?
- how to make sure medicines are being used safely and effectively, and only when needed. For example, what is the best way to help people manage their medicines at home?

We are **not** looking for questions about the development or discovery of new medicines to treat or prevent dementia. We are also not looking for questions about non-medicine care of people with dementia (unless it is related to use of medicines, for example, how we can reduce harmful medicine use). (These types of questions are also important, but they are not the focus of this study.)

Please list UP TO THREE questions **that are the most important to you**. You can write specific questions, an example scenario or a general theme/topic that you think is important. Write as much or as little as you like.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phase 1: Evidence uncertainty questionnaire. Clinician version.**

**Please tell us a little about yourself. We will only use this information to make sure we are reaching a wide range of people.**

1. What is your profession (current or past relevant to this research)?

*Please tick all that apply (you can pick more than one). If you are currently in training (e.g. student) please tick BOTH the profession that you are training to be and the 'student' category.*

- GP
- Geriatrician
- Neurologist
- Other medical specialist: please specify \_\_\_\_\_
- Pharmacist
- Nurse practitioner
- Registered nurse
- Endorsed enrolled nurse
- Enrolled nurse
- Assistant in nursing
- Personal care assistant, aged care worker or trained carer
- Aboriginal and Torres Strait Islander health practitioner
- Dentist
- Dietician
- Exercise physiologist
- Medical radiation practitioner
- Occupational therapist
- Optometrist
- Physiotherapist
- Podiatrist
- Psychologist
- Social worker
- Speech pathologist
- Student/trainee/intern (please also select the profession that you are training to become)
- Other clinical role: please specify \_\_\_\_\_
- Other non-clinical role, e.g. administrative, support: please specify \_\_\_\_\_
- Other: please specify \_\_\_\_\_
- Prefer not to say

2. Where do you work (or most recent work situation if no longer working)?

*Please tick all that apply (you can pick more than one)*

- Primary care/ community
- Hospital
- Residential Aged Care Facility
- Outpatient clinics
- Other: please specify \_\_\_\_\_
- Prefer not to say

3. Primary location of practice (or most recent work situation if no longer working).

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA
- Prefer not to say



**Phase 1: Evidence uncertainty questionnaire. Clinician version.**

Using your answers, we will make a long list of questions. **Would you like to help us decide the most important questions about medicines use in people living with dementia?**

If yes, please provide your name and email or postal address. We will only use your details to contact you about the next stages of this research project. Your details will be kept confidential and will not be shared with any other parties or used for any purposes other than stated here. Even if you say yes, you can decide whether or not you want to participate in future activities when we send you information about the next stages of this research project.

We'll keep your name and address separate from your answers, so this survey won't be linked to you.

THIS IS OPTIONAL. You do not have to provide this information if you do not want to.

**Name:** \_\_\_\_\_

**Method of contact (email or postal address):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We would like as many people as possible to complete this questionnaire so please share this research project with your colleagues, friends and patients! Click [*or Go to*] this {link} for more information.**