

ANTICHOLINERGIC RISK IN ELDERLY PATIENTS WITH DEMENTIA TAKING CHOLINESTERASE INHIBITORS

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BACKGROUND

Drugs with anticholinergic properties have harmful effects among older people and they may antagonize the effects of cholinesterase inhibitors (ChEIs). Although concomitant use of both may lead to worsening of cognitive impairment, anticholinergics are frequently used with ChEIs.

OBJETIVES

To analyse the anticholinergic risk in elderly nursing home patients treated with ChEIs.



METHODS

We conducted a cross-sectional study of elderly patients with dementia who were residing in two nursing homes and taking ChEIs in September 2017.

Anticholinergic risk assessment was determined using the Anticholinergic Risk Scale (ARS). The ARS assigns each drug therapy a score according to its risk of anticholinergic adverse effects (0 = none, 1 = moderate, 2 = strong, 3 = very strong). These points are added together to produce the individual's ARS score. ARS was selected because it provides a more-conservative estimate of anticholinergic burden than other scales.

Collected data, from digital medical records, included sex, age and drugs prescribed and they were processed using SPSS.

RESULTS

311 patients residing in the nursing homes

↓

48 patients (15.4%) treated with ChEIs } 87.5% 
83.5±6.3 years
8.9±2.3 drugs

↓

20 patients (41.7%) -> no anticholinergic drug therapy
28 patients (58.3%) -> ≥1 anticholinergic drug (39 drugs)

ChEIs	
Memantine (M)	15 (31.2%)
Rivastigmine (R)	13 (27.1%)
Donepezile (D)	12 (25%)
M + R or D	8 (16.7%)

Risk	
Low (ARS=1)	18 (37.5%)
Medium (ARS=2)	10 (20.8%)
High (ARS≥3)	1 (2.1%)

Patients with ARS ≥ 1

Anticholinergic risks of the prescribed drug therapies	
Quetiapine	11
Trazodone	9
Risperidone	4
Mirtazaine	4
Ranitidine	4
Haloperidol	3
Levodopa-carbidopa	2
Paroxetine	1
Chlorpromazine	1

CONCLUSIONS

Concomitant use of anticholinergic drugs and ChEIs is common among older adults. Higher ARS scores have been shown to have a significant association with anticholinergic adverse effects, including memory decline, so the findings of this study suggest the need to consider alternatives with lower anticholinergic effects.