

ANTICHOLINERGIC BURDEN IN CONSTIPATED PATIENT ADMITTED TO AN EMERGENCY DEPARTMENT

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Background and importance

Intestinal obstruction and constipation is a frequent cause of assistance in the emergency services. Multiple studies that have linked a high anticholinergic burden with constipation in elderly patients. However its impact on patients attending the emergency department has not yet been clearly established

Aim and objectives

Evaluate the anticholinergic burden in patients who come to the Emergency Services for constipation, as well as its impact on the reconsultation to these units.

Material and methods

Retrospective observational study. Patients who consulted the emergency department for constipation or intestinal subcolusion were included (September 2018 - June 2019).

Drugs were collected from the electronic prescription. The anticholinergic burden of the medication was calculated using the "Anticholinergic burden Index scale (1).

A multivariate analysis was performed, including in the model parameters with a value of $p < 0.2$ in the previous univariate analysis. On the other hand, the impact of continuous laxative treatment at discharge on the risk of reconsultation was evaluated.

The statistical analysis was carried out using the Stata v.2.0 program.

Results

104 patients were included (mean age: 77.1 (\pm 14.6) years), 47 patients (56.6%) were classified as high cholinergic burden, 30 (36.1%) as intermediate burden and 6 (7.2%) low burden.

In the univariate analysis, the variables associated with readmission at 30 days were age > 80 years, woman, diabetes, residence destination, dementia and high cholinergic burden.

In the multivariate analysis age > 80 years (0.34 [0.12-0.97]), a high anticholinergic burden (4.21 [1.07-16.5]) and dementia (3.26 [1.11-9, 50]) were associated with readmission after 30 days.

Laxative prescription at discharge in the high burden group patients wasn't associated to a reduction in reconsultation (OR [95% CI] = 0.86 [0.48-3.27]). In the intermediate burden group a reduction in income was observed (OR [95% CI] = 0.13 [0.015-0.99])

Conclusion and relevance

A high anticholinergic burden at discharge from the Emergency Department in elderly patients who consult for constipation is closely related to the reconsultation at 30 days, so they must be considered high risk patients and establish specific interventions.

A06 Laxatives

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References

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