**Results**

**Patients:**
- 43 patients reviewed for intervention
- **43 interventions in 23 patients** (53.5%)
- Mean 1.87 (± 0.81) interventions per patient

**Interventions:**
- Dose reduction  n = 7 (16.3%)
- Alternative medication  n = 4 (9.3%)
- Discontinuation  n = 32 (74.4%)
- Top 6 drugs intervened:
  - Codeine  n = 5
  - Oxycodone  n = 4
  - Tramadol  n = 4
  - Oxazepam  n = 4
  - Solifencin  n = 3
  - Cetirizine  n = 3

**Reasons for not accepting pharmacist-led advice:**
- Indication not known  n = 7 (46.7%)
- Therapy necessary  n = 2 (13.3%)
- Patient discharged  n = 1 (6.7%)
- Physician not responsible  n = 1 (6.7%)
- Unspecified reason  n = 4 (26.7%)

**Secondary outcomes:**
- ACB score at discharge
  - Lower proportion of patients with increased ACB score during admission.
  - Higher proportion of patients with decreased ACB score during admission.

**Primary outcomes:**
- 41.9% of patients had reduction in ACB score
- Mean reduction: 1.46 points (±0.79) per patient
- **Acceptance rate of interventions: 65.1%**

**Conclusion**
eCDS-based pharmacotherapeutic interventions led by a clinical pharmacist have potential to reduce the anticholinergic burden in older hospitalised patients.