To analyze the prevalence of polypharmacy (≥ 5 chronic drugs) and inappropriate drugs (anticholinergics and CNSD) in patients with OD. It was also calculated anticholinergic risk (AR) using different anticholinergic scales (AS).

It is observed that there is a high percentage of patients with OD are polymedicated.

The prevalence of AR is high.

A good pharmacological review with AS must be carried out and try to make a description, to reduce the anticholinergic load and the number of drugs.

**AIM AND OBJECTIVES**

To analyze the prevalence of polypharmacy (≥ 5 chronic drugs) and inappropriate drugs (anticholinergics and CNSD) in patients with OD. It was also calculated anticholinergic risk (AR) using different anticholinergic scales (AS).

**MATERIAL AND METHODS**

A retrospective observational study was carried out in a general tertiary hospital.

**RESULTS**

**Characterization of the population**

N = 60 patients → 4 lost

Sex: 28 women vs 28 men and median age 73.2 [IQR 14.5 – 90.3]

**Potencial medications to cause OD**

22.6%

461 drugs analyzed → 104 potential dangerous

**Types of drugs that could cause OD**

- AR
- CNSD
- DA

**Anticholinergic risk**

- high risk
- medium risk
- low risk
- non risk

**CONCLUSIONS AND RELEVANCE**

- It is observed that there is a high percentage of patients with OD are polymedicated.
- The prevalence of AR is high.
- A good pharmacological review with AS must be carried out and try to make a description, to reduce the anticholinergic load and the number of drugs.