Background

**Anticholinergic burden** has been associated with cognitive and functional impairment, risk of falls, hospitalizations and morbidity/mortality, especially in older patients.

Aim

- To study the anticholinergic burden in older patients in a hospital setting.
- To reduce the use of **drugs with anticholinergic effects** (DACE) in those patients with high anticholinergic risk (HAR).

Material and methods

- Cross-sectional study. Scheduled once a week for 4 weeks between August-September, 2019.
- Inclusion criteria: patients aged ≥65 years-old admitted to the internal medicine. Exclusion: Patients with palliative care and readmissions.
- Gender, age, length of hospital stay and the nº of drugs prescribed were registered. Anatomical, Therapeutic and Chemical (ATC) classification was used to classify drugs.

Results

<table>
<thead>
<tr>
<th>Demographic and treatment data (N=82)</th>
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</thead>
<tbody>
<tr>
<td>Age in years (mean ± SD)</td>
<td>85±8</td>
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<tr>
<td>Women</td>
<td>70%</td>
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<tr>
<td>Length of hospital stay (median, [IQR])</td>
<td>7 [4-9] days</td>
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<td>Nº of drugs prescribed (mean ± SD)</td>
<td>10±3.5</td>
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<td>Patients with at least one DACE prescribed (%)</td>
<td>59 (72%)</td>
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<tr>
<td>Nº of DACE prescribed (median, [IQR])</td>
<td>2 [1-3]</td>
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**Most common DACE grouped by ATC were:**

- Anxiotics (N05B, N=30)
- Antidepressants (N06A, N=28)
- Antipsychotics (N05A, N=22)
- Opioids (N02A, N=16)
- Antiepileptic (N03A, N=14)

**Anticholinergic burden in older patients**

- High anticholinergic risk (median DBI: 1.5)
- Moderate anticholinergic risk (median DBI: 0.6)
- Without risk

Four out of 27 (15%) interventions were accepted and consisted in 2 dose reduction and 2 DACE de-prescriptions.

Interventions were not accepted mainly because the drugs were part of the chronic patient’s psychiatric or neurological treatment, the presence of refractory pain or insomnia disorders.

Conclusion

- Our pharmacological intervention was poorly accepted by physicians.
- During the hospitalization process it is difficult to re-evaluate the need for adjusting chronic medication especially related to psychiatric or neurological pathologies.
- We believe that this kind of study would have more impact at the primary care level.