

# ANALYSIS OF THE ANTICHOLINERGIC LOAD IN POLYMEDICATED ELDERLY PATIENTS WHO HAVE SUFFERED A FALL

R. SALDAÑA, M.I. MARTINEZ-BROCAL, M. GONZALEZ, M. VALLE, I. MOYA. HOSPITAL UNIVERSITARIO VIRGEN DE LA VICTORIA. SPAIN.

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## Background and importance

The risk of high anticholinergic load is a very common adverse effect in elderly polymedicated patients. One of the possible causes of falls could be the anticholinergic effect of the drugs.

## Aim and objectives



Analyze the anticholinergic burden of home treatment received by polypharmacy elderly patients prior to undergoing surgery for hip fracture.

## Material and methods

Retrospective observational study was carried out in a general hospital between January 2020 and March 2021.

A database was prepared including: Id number of all patients over 75 years who were to undergo for hip surgery, age, sex, number of home medications and number of medications with anticholinergic load on any of the scales: ACB, ARS, CHEW, ADS, AAS, ALS, CRAS, DURAN and ABC.

Using the Anticholinergic Burden Calculator, we measured the anticholinergic load of each drugs received prior to admission and the accumulated anticholinergic load for each of the aforementioned scales. A table was prepared with the number and percentage of patients with high, moderate, low or no risk of presenting anticholinergic adverse effects.

## Results

Patients	411
Mean age	81 years
Women	77.67%
Mean number of drugs that patients took at home	8.1 (1-20)
Mean number of drugs with an anticholinergic load	2.1 (0-9)

- 79.85 %** received at least one drug that affected their anticholinergic load.
- 44.34 %** were at risk of having a high, moderate or low anticholinergic load.

The different scales presented differences in the percentages of patients included in the three types of risk.



The **ABC scale** identified **27.41%** of patients at **high risk**, while the **ARS scale** identified **3.41%** in this same group.

The **lowest percentage** of patients **with no risk** was detected by the **ADS scale** with **42.09%** and the **highest percentage** of patients with this condition was the **AAS scale** with **78.35%**.

## Conclusion and relevance

There are differences between the different anticholinergic risk calculation scales to consider patients with high, moderate or low risk, which is why it is necessary to delve into the study of which is the most appropriate to discriminate this risk in the polymedicated elderly population.