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.

raquelsaldanasoria@gmail.com