ANTICHOLINERGIC BURDEN ASSESSMENT IN INSTITUTIONALIZED PATIENTS



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BACKGROUND AND IMPORTANCE

Pluripathology, polymedication, dependence and frailty are common situations in institutionalized population. Due to these circumstances, it is very important monitoring drug safety in these patients, especially risk anticholinergic effects that can significantly affect quality of life.

AIM AND OBJECTIVES

To identify the drugs that add anticholinergic burden(AB) prescribed in nursing home residents, as well as to quantify the overall AB.

MATERIALS AND METHODS

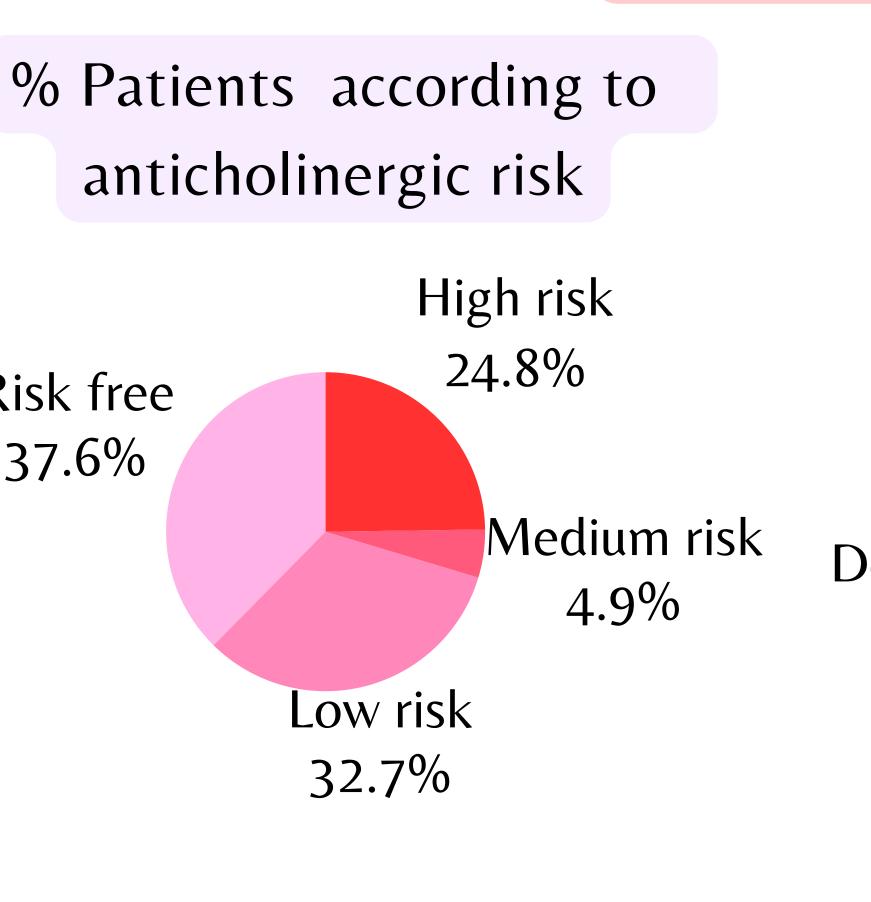
- Cross-sectional study carried out in nursing home resident --> All patients institutionalized in September 2023 were included.
- Variables collected--> Age, sex and number of drugs prescribed.
- The Anticholinergic Burden Calculator(1) was used to identify drugs with AB.
- The anticholinergic risk(AR) was quantified with the Anticholinergic Cognitive Burden Scale(ACB).
- Patients were categorized into 4 groups according to the number of drugs prescribed 1-5, 6-10, 11-15 and >15 drugs and the AB was quantified according to ACB of each group.
- Data sources: electronic medical sources and electronic prescribing software.
- Excel 2020® was used to process the data.

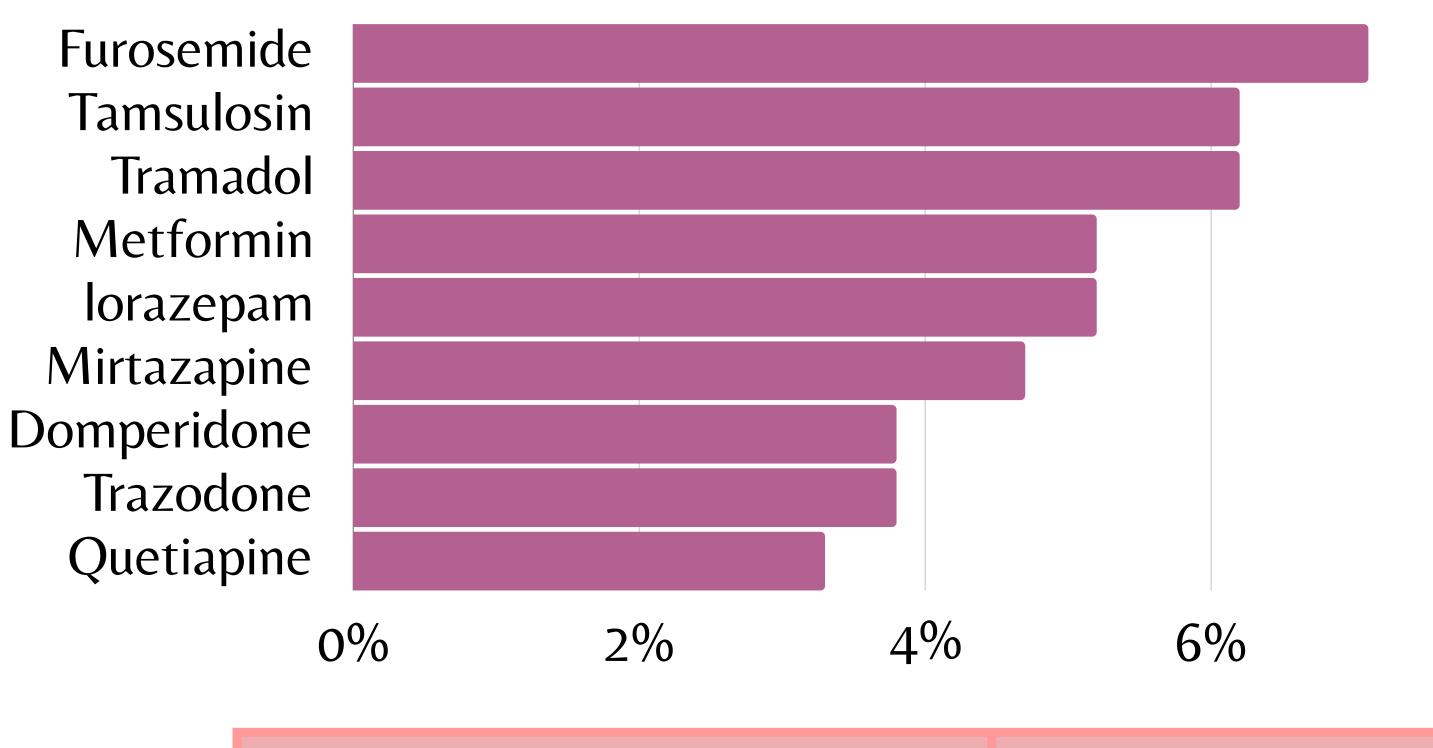






Mean of 9.0±4.3 prescribed medications per resident.





Number of drugs prescribed	Mean ab
1-5 drugs (n=16, 19.5%)	0.2±0.4

The drugs prescribed with the highest AB: Oxybutynin 0.5%, paroxetine 0.9% and olanzapine 1.4%.

6-10 drugs (n=39, 47.6%)	1.5±1.7
11-15 drugs (n=20, 24.4%)	1.4±1.2
> 15 drugs (n=7, 8.5%)	3.3±1.6

CONCLUSION AND RELEVANCE

In our study a high percentage of patients showed AR, however the most prescribed drugs had low AB. On the other hand, AB was higher as the number of drugs prescribed increases.





8%

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1. Anticholinergicscales.es