Background: Anticholinergic Anticholinergic drugs exert their effect by opposite mechanism to acetylcholinesterase inhibitors (AChEIs), helping to counteract their modest efficacy and favoring the appearance of adverse events.

Purpose: To determine prevalence of patients with concomitant prescription of AChEIs and anticholinergics in an institutionalized population and to analyze their associated characteristics.

Material and methods: cross-sectional descriptive study (August 2018).

Target population (random sample)  
• Patients from 3 nursing-homes  
• AChEIs + Anticolinergic-drugs

Variables  
• Age, sex, number of drugs, Charlson Index-Sore (Chl)  
• Presence, type and level of cognitive disorder (CD)  
• Prescription of AChEIs and Anticolinergic-drugs

Anticholinergic-Cognitive-Burden (ACB) scale: CD elevated → accumulated score ≥3. Global deterioration scale (GDS): evaluate CD (last 18 months).

Results:

\[ N = 367 \quad \rightarrow \quad 219 \text{ patients with } CD \quad \rightarrow \quad 22.4\% \text{ AChEIs + Anticolinergic-drugs (n=49)} \]

Regarding diagnosis

- Moderately-severe to severe: 42%
- Severe to very severe: 39%
- Mild to moderate: 3%
- Moderate to moderately-severe: 13%
- Data was no available: 3%

Deterioration degree

- Alzheimer disease: 43%
- Mixed dementia: 29%
- Lewy Body dementia: 18%
- Others: 10%

Mean age: 86.4 (±5.3)  
79.6% women  
Average Chl-Score: 6.2 (±1.2)  
9 drugs/patient (range 2-17)

Drugs implicated  

AChEIs  
- Rivastigmine 53%  
- Donepezil (35%)  
- Galantamine (12%)

Anticolinergic drugs  
- 67 prescriptions (1,91 per patient)  
- ATC N 82%  
- 16 prescriptions → ACB Scale  
  - Quetiapine 87,5%  
  - Others (trazodone)

- No statistically significant differences in taking anticholinergic drugs were found between those taking AChEIs or not.

Conclusions: Almost half of our population presented an important/severe CD degree. Concomitant prescription of anticholinergics and AChEIs was frequent. Drugs from NS were the most implicated. It was not more likely to take anticholinergics among those taking AChEIs. A reappraisal of the therapeutic approach should be periodically considered in this vulnerable group of patients.