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### BACKGROUND AND IMPORTANCE:

Evidence suggests that pharmacological **inefficacy and even worsening** of conditions in elderly people with dementia may be due to the concurrent use of acetylcholinesterase inhibitors (AChEI) and drugs with anticholinergic properties (DAP).

### AIM AND OBJECTIVES

To assess the **concomitant use** of DAP and AChEI at admission by an Emergency Department (ED).

### MATERIAL AND METHODS

Restrospective and observational study of elderly patients treated with AChEI and DAP at admission by ED from March to May 2019.

#### Demographic variables

gender  
age  
destiny to discharge

#### Clinical variables

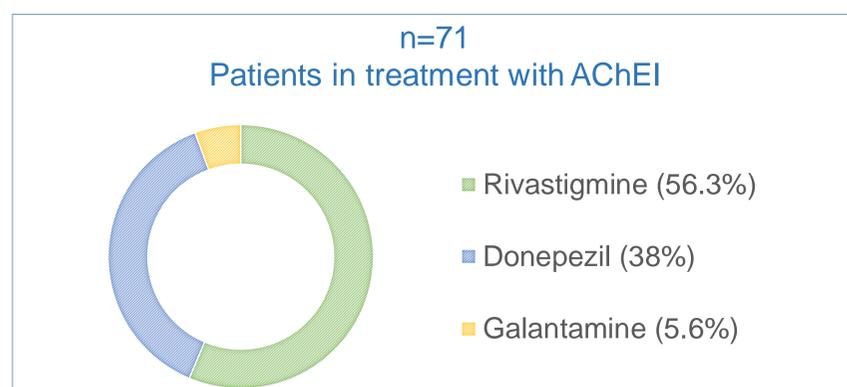
type of AChEI  
nº concomitant drugs  
nº DAP  
symptoms related to cognitive impairment

**Anticholinergic risk assessment** was determined using the consensuos scale of *Durán et al.*, which classifies the different drugs based on their anticholinergic potential

1 mild

2 severe

### RESULTS



Mean concomitant prescribed drugs (DAP and non-DAP)  
11.6±4.7 drugs [2-26].

**74.6% (53 patients) were also simultaneously treated with DAP.**



According to the classification of the systematic review of *Durán et al*, 71 patients were treated with a total of 95 DAP.

The **7 most frequently prescribed anticholinergic** drugs were:

quetiapin 39.4%, haloperidol 22.5%, ipratropium 21.1%,  
trazodone 14.1%, risperidone 12.7%, mirtazapine 7%,  
tramadol 5.6%.

**57.7% of the patients suffered from dementia symptoms:**

confusional syndrome 31%, cognitive impairment 28.2%,  
mood disturbances 12.9% and somnolence 9.9%.

The main destination was hospitalization 85.9%, followed by hospital discharge 11.3% and exitus 2.8%.

### CONCLUSIONS AND RELEVANCE

A high percentage of elderly patients suffering from dementia treated with AChEI are taking concomitant DAP, that present **accumulated risk**. The joint use of these drugs can **increase the cognitive impairment, and also antagonize the AChEI effects**.

The results of the study suggest the need of considering other treatment options or the decrease of the prescription of DAPs to **reduce the pharmacological interactions and the related adverse effects** of its concomitant use.